

Meota Gas Co-op Ltd

Payor's Pre-Authorized Debit Agreement

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Meota Gas Co-op Ltd, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Meota Gas Co-op Ltd account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the last business day of each month. Meota Gas Co-op Ltd will provide 10 days written notice of the amount of each regular debit. Meota Gas Co-op Ltd will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Meota Gas Co-op Ltd has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Meota Gas Co-op Ltd may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca. I/we understand that Meota Gas Co-op can only reimburse by payment of Cheque.

PLEASE PRINT

Name(s): _____ Meota Account Number: _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Res.) _____ (Bus or Cell) _____

E-Billing (Yes/No): _____ E-mail address: _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____

(Branch -5 digits; FI — 3 digits)

Address: _____

Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Date: _____ **PLEASE INCLUDE A VOID CHEQUE**

Meota Gas Co-op Ltd
178081 Priddis Valley Rd W
Priddis, AB T0L 1W1
Tel: 403-931-2161
[E-mail: admin@meotagas.com](mailto:admin@meotagas.com)