



COCHRANE LAKE GAS CO-OP LTD.

209 Railway Street East, Cochrane, Alberta T4C 2C3

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E-mail: admin@clgas.ca

PREAUTHORIZATION WITHDRAWAL FORM

First Name:		LAST NAME:		
Please print clearly				
ADDRESS:				
CITY:		PROVINCE:		POSTAL CODE:
PHONE #				

NAME OF FINANCIAL INSTITUTION:				
Address:				
TRANSIT #		BRANCH CODE:		ACCOUNT #
(5 digits)		(3 digits)		(5 -12digits)

Bottom of cheque:

I _____ (please print) authorize funds to be electronically transferred for the purpose of remittance to my monthly natural gas charges on my account

Cochrane Lake Gas Account#

(5 digits)	(5 digits)

The funds will be withdrawn on the 16th of the month.

I understand that monthly charges vary and are subject to service charges should the funds be non-sufficient at the time of withdrawal.

VOIDED CHEQUE ATTACHED

Signature

Date

NOTE:

The meter readings are still required to be sent in for the month-end.

Auto-withdrawals transactions are taken on the 16th of each month.

