



## COCHRANE LAKE GAS CO-OP LTD.

209 Railway Street East, Cochrane, Alberta T4C 2C3

Phone: (403) 932-2707 • Fax: (403) 932-2911

E-mail: admin@clgas.ca

### PREAUTHORIZED WITHDRAWAL FORM

(Please Print Clearly)

First Name:	Last Name:
Street Address:	
City:	Province:
Postal Code:	Phone:
Fax:	Email:

Name of Financial Institution:	
Street Address:	
City:	Province:

Transit:	Branch:	Account:
----------	---------	----------

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

**Funds to be withdrawn on the 16<sup>th</sup> of each 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**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

For Office Use Only:

\_\_\_\_\_  
\_\_\_\_\_