



**COCHRANE LAKE GAS CO-OP LTD.**

209 Railway Street East  
Cochrane, AB T4C 2C3  
Ph: (403) 932-2707 ♦ Fax: (403) 932-2911  
E: 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:

Branch/Transit:	Bank/Institution:	Account:
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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**Funds to be withdrawn on the 16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

<b>For Office Use Only:</b>	
<b>Billing Cycle:</b>	<input type="checkbox"/>
<b>Auto Debit:</b>	<input type="checkbox"/>
<b>Bank Info:</b>	<input type="checkbox"/>
<b>Date:</b>	_____