

**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

DIRECT ELECTRONIC FUNDS TRANSFER

(Please Print Clearly)

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

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

Bank/Institution:	Branch/Transit:	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Funds to be withdrawn on the 16th of each month.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:

- ☐ AR Control
- ☐ DEFT
- ☐ Bank Info
- ☐ Gas Invoice

Date: