



COCHRANE LAKE GAS CO-OP LTD.

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PAPERLESS BILLING FORM

(Please Print Clearly)

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

I _____ hereby authorize Cochrane Lake Gas Co-op Ltd. to add me to paperless billing and will receive my gas bills via email.

AUTHORIZED SIGNATURE

DATE

To unsubscribe to this service, please contact our office.