



COCHRANE LAKE GAS CO-OP LTD.

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Rocky View County, AB T4C 3A2
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DIRECT ELECTRONIC FUNDS TRANSFER

(Please Print Clearly)

Full Name:	
CLGC Account Number:	
Street Address:	
City:	Province:
Postal Code:	Phone:
Email:	

Name of Financial Institution:

Bank/Institution:	
Branch/Transit:	
Account:	

I _____ (please print) authorize funds to be electronically transferred for the purpose of remittance to my monthly CLGC Natural Gas Bill.

Funds to be withdrawn on the 16th of each month.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.

AUTHORIZED SIGNATURE

DATE

For Office Use Only:

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

Date: