



COCHRANE LAKE GAS CO-OP LTD.

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OPTION PAY / CREDIT CARD
VISA, MASTERCARD or AMERICAN EXPRESS

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

Full Name on Card:	
Credit Card Number:	
Expiry:	CSV (3 digit # back of card):

☐ I authorize OptionPay to charge my credit card for the purchase of the OptionPay Payment Card and load fee (approx. 3%).

☐ I also acknowledge that this charge will appear on my credit card statement as OPCARD.CA UTILITY SRVS.

I understand that funds will be remitted to my gas account number _____.

Please select one option below:

☐ One-time payment

☐ Monthly payment

AUTHORIZED SIGNATURE

DATE