



COCHRANE LAKE GAS CO-OP LTD.

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PAPERLESS BILLING

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

To unsubscribe from this service, please contact our office.

Signature: _____

Date: _____

Email address: _____

Account Number: _____

For Office Use Only:

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Signature: _____

Date: _____

Email Address: _____ Cell Phone: _____

Account Number: _____ Tap: _____

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