



DIRECT DEBIT PAYMENT PLAN FORM

Customer Information

Please Print

Customer Name(s):	
Mailing Address:	
City/Town: <div style="text-align: right;">, AB</div>	Postal Code:
Primary Phone Number:	Alternate Phone Number:
Iron Creek Gas Co-op Account Number(s):	

Authorization:

Service Agreement: I/We authorize Iron Creek Gas Co-op Ltd. to begin automatic withdrawals for payment of my/our monthly Iron Creek Gas Co-op Ltd. gas bill from the bank account number identified on the enclosed VOID cheque. This authority is to remain in effect until there is notification of termination from the customer or Iron Creek Gas Co-op Ltd.

Authorized Signature:	Date:
Authorized Signature:	Date:

For joint accounts where more than one signature is required on cheques all required signatures must be provided.

PLEASE ENCLOSE A COPY OF A VOID CHEQUE WITH COMPLETED FORM