



SUNSHINE GAS CO-OP LTD.

P.O. BOX 190, BLACKIE, ALBERTA T0L 0J0
PHONE: 403-684-3672 or FAX: 403-684-3657
TOLL FREE: 1-877-684-3672
EMAIL: sungas@sunshinegascoop.com
www.sunshinegascoop.com

June 17, 2021

Optional paperless E-billing for Monthly Gas Bills

Dear Customer,

Sunshine Gas Co-op Ltd. continues to offer E-Billing to our customers as an option to receive your monthly gas bills via email. E-billing eliminates the time delay of you receiving your paper bill through regular mail. As this E-billing service is optional, we will continue to mail the monthly gas bills to customers who do not wish to receive their bills via email. If you choose this E-billing service, there will not be a paper copy mailed to you through the post office.

When you receive an E-bill it will be easily recognized, as it will have "Sunshine Gas Bill" in the subject line, and will show as being from "Sunshine Gas Co-op Ltd." The monthly gas bill will be attached as a .pdf file. To open the gas bill file you will need to have the free version of Adobe Acrobat Reader installed on your computer or device.

Please call our office if you haven't received your E-bill by the 12th of each month, if you are having issues opening the bill attachment, or if you have any questions.

To subscribe to the electronic E-billing, please complete the form below and return it to our office. You can unsubscribe at any time by contacting our office.

Best Regards,

Bryan Paetsch, Manager

I, _____ would like to subscribe to E-billing and receive my monthly
(Please print)
gas bills electronically via email from Sunshine Gas Co-op Ltd.

Gas bill (6) digit account number(s): _____
(If you have multiple accounts, please list all)

Email Address to send gas bill(s) to: _____
(Please contact our office should the above email address change or need updating)

Date: _____ Signature: _____



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Credit Department
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Blackie, AB T0L 0J0
Phone: (403) 684-3672
Fax: (403) 684-3657

PRE-AUTHORIZED CREDIT CARD PAYMENT PLAN

TERMS AND CONDITIONS

The Cardholder named below hereby authorizes Sunshine Gas Co-op Ltd. to charge the following credit card account for future purchases and/or services provided or sold by Sunshine Gas Co-op Ltd. These charges will be processed immediately for each transaction **without** the Cardholder's signature.

The Cardholder may cancel this authorization at any time by written notice to Sunshine Gas Co-op Ltd. sent to the office address above.

Sunshine Gas Co-op will provide invoices for such purchases to the Cardholder. Sunshine Gas Co-op Ltd. reserves the right to refuse or discontinue this payment plan at any time.

Credit Card Type:

Credit Card Number:

Expiry Date (MM/YY):

Cardholder Name:

Name:

Signature:

Account #

Date:

**Pre-Authorized Debits (PADs) Rule H1
Payor's PAD Agreement – Mandatory and Supplementary Elements**

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below

I/We authorize Sunshine Gas Co-op Ltd. and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments, for payment of all charges arising under my/our Sunshine Gas Co-op Ltd. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 5th day of each month. Sunshine Gas Co-op Ltd. will provide ten (10) days written notice of the amount of each regular debit.

This authority is to remain in effect until Sunshine Gas Co-op Ltd. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca. Sunshine Gas Co-op Ltd. may also cancel this PAD Agreement on not less than ten (10) days' notice to you.

Sunshine Gas Co-op Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) day prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.payments.ca.

PLEASE PRINT **DATE:** _____

Name(s): _____

Sunshine Gas Co-op Ltd. Account # _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

Phone Number's: _____

Email: _____

Financial Institution (FI): _____

FI Account #: _____ FI Transit #: _____ FI Bank #: _____
(Branch Transit – 5 digits) (FI – 3 digits)

Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

I/We have authority under the terms of my/our account agreement with my financial institution to debit the account.

Authorized Signature(s): _____

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