



The Pre-Authorized Payment Plan enables you to pay your bills directly from your account, without having to write cheques, pay for postage or worry about missed due dates. You will still receive a bill as usual showing how much will be coming out of your account. The withdrawal is made on the due date indicated on your bill.

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

I authorize Heritage Gas Ltd. (HGL) to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my my/our Heritage Gas account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date. Heritage Gas will provide 10 days written notice of the amount of each regular debit. Heritage Gas will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Heritage Gas 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.cdnpay.ca](http://www.cdnpay.ca).

Heritage Gas may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior 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 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.cdnpay.ca](http://www.cdnpay.ca).

PLEASE PRINT

Date: \_\_\_\_\_

***IMPORTANT: PLEASE PROVIDE COPY OF VOID CHEQUE***

Name(s): \_\_\_\_\_ HGL Account Number: \_\_\_\_\_

Type of Service: Personal \_\_\_\_ Business \_\_\_\_

Civic Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus) \_\_\_\_\_ (Res) \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

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