

Consent to add ATCO Gas Customer Contact

Complete ONLY Section A OR Section B depending on if you are an individual or a business wishing to add customer contacts. DO NOT fill out BOTH sections.

*Complete this portion if you are an **individual** who would like to add a contact who may communicate with ATCO Gas about specific sites.*

SECTION A

INDIVIDUAL	Service Address OR Site ID	
	Name of Site Customer <small>(the name that appears on the monthly bill from your retailer)</small>	
	Phone Number/E-Mail Address	

I authorize the following individual(s) to be added as an ATCO Gas Customer Contact. I agree ATCO Gas may provide any information at this individual's request about my account for the entire period I have been named as the Site Customer by the enrolled retailer. I understand this remains in effect until such time I provide, in writing, direction to ATCO Gas to remove this individual as an ATCO Gas Customer Contact.

1. _____ {NAME TO ADD TO ACCOUNT} 2. _____ {NAME TO ADD TO ACCOUNT}

SIGNATURE OF INDIVIDUAL WHO IS THE RETAILER'S SITE CUSTOMER

DATE

*Complete this portion if you have a **business** where you would like to add a contact who may communicate with ATCO Gas about specific sites.
If you have **MORE** than one site ID, please use another form.*

SECTION B

BUSINESS	Service Address OR Site ID	
	Business Name <small>(as listed on the retailer's bill)</small>	
	Name & Title of Authorized Representative of the Business	
	Phone Number/E-Mail Address	

I authorize the following individual(s)/business partner(s)/associate(s) to be added as a Customer Contact to my account. I agree ATCO Gas may provide any information at this individual's request about my service address and/or site ID(s) for the entire period in which the business was named as a site by the enrolled retailer.

1. _____ {NAME TO ADD TO ACCOUNT} 4. _____ {NAME TO ADD TO ACCOUNT}
2. _____ {NAME TO ADD TO ACCOUNT} 5. _____ {NAME TO ADD TO ACCOUNT}
3. _____ {NAME TO ADD TO ACCOUNT}

★ Please be advised the maximum contacts allowed for a specific site is five (5).

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF THE BUSINESS

DATE

Please return completed form using one of the following options:

Fax: 1-844-508-4824 (toll-free)

Mail: Attn: Customer Correspondence, ATCO Gas
PO Box 2409
Edmonton AB T5J 2S3

E-Mail: hotline@atcogas.com (must be scanned version that includes signature)

Please allow two business days from date of receipt for ATCO Gas to update its records.