

## **REFUND/TRANSFER FUNDS REQUEST**

ACCOUNT NO:				
NAME ON ACCOUNT	:LASTNAME	FIRSTN	AME INITIA	
SERVICE ADDRESS:				
			BB:	
EMAIL ADDRESS:				
TELEPHONE NO:	HOME:	CELL:		
	WORK:			
ACCOUNT TYPE:	DOMESTIC	COMMERCIAL		
AMOUNT:	<del></del>			
REFUND				
TRANSFER CREDIT				
ACCOUNT NO:				
CHEQUE		DIRECT DEPOSIT		
MAILING ADDRESS (Payee):		BANK:		
		BRANCH:		
		ACCOUNT:		
This is due to the foll (please indicate belo	owing: -			
No longer int	erested in obtaining	the service		
Internal/in-ho	ouse (laying of pipe f	rom meter to stove etc.) would	be done privately	
Made the wro	Made the wrong application – New Service instead of Reinstall Meter etc.			
Gas is not acc	essible as per Drawi	ng and Records Department		
Overpaid acc	ount			
APPLICANT:		DATE:		
NAT. REG. NO.				
VERIFIED:		DATE:		