

This form must be completed to request ongoing refunds of credit balances or to terminate a refund request.

Client Information			
Client Name:	Client ID:		
	Gas Royalty Account:	: G94	
Client Address for <b>refund</b> purposes:			
Is this a change to the address on record with the Department? ☐ Yes ☐ No			
Title of Authorized Person:	Phone Number:		
Name of Authorized Person:	Fax Number:		
Termination of Refund Request			
•			
Please terminate our refund request – credit balances are to remain in our account.		☐ Yes	□ No
Refund Effective Date or Refund Termination Date: / / Day Month Year			
Note: This request will become effective UPON RECEIPT by the Department.			
Refunds will be issued as follows:			
Direct Deposit: If banking information for your company is established with the			
Government of Alberta, refunds will be directly deposited to that account.			
2. Cheque: If an account is not established, a cheque will be issued.			
Completed by (Contact Name): Phone Number:			
A4 11.			
Mail to: Gas Royalty Calculation			
Royalty Operations - Edmonton 7 <sup>th</sup> Floor Petroleum Plaza North			

Tower 9945 - 108 Street Edmonton, AB T5K 2G6

Fax to: (780) 427-3334