

THIS IS SCHEDULE "C" TO THE MONTHLY STATEMENT AGREEMENT FOR

NAME OF CLIENT

Department of Energy Monthly Statement – Payor Name Change Request

Please print the information clearly

Current Client _____

Address for Service: _____

New Payor Name: _____

Delete Payor Name: _____

Agreement/Activity Number: _____
(Attach listing if needed)

Effective Date of Change: _____

Terms: This Form may be used only when (1) the current Client/Payor selects a different Payor for the Charges in respect of the Applicable Crown Agreements or (2) when the acquisition and divestiture transfer requires a third party signature.

All other matters that involve a change to the name of the Client/Payor must be submitted to the Transfers, Encumbrances and Defaults Section of Mineral Tenures Branch of the Department of Energy.

Any and all default notices in respect of the Applicable Crown Agreements will be sent by mail to the designated representative for those Agreements with a copy to the current Client/Payor.

Contact Person for Name: _____ Phone No.: _____
For New Payor:

Authorized by: _____
(Current Client) *Print name* *Signature*

Title

Authorized by: _____
(New Payor) *Print name* *Signature*

Title

Date Requested: _____

Mail to: Department of Energy Contact: <mailto:CARS.Helpdesk@gov.ab.ca>
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