Government of Alberta ■
Energy

REQUEST FOR REFUND

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 **refund** purposes: Is this a change to the address on record with the Department? Yes ☐ No ☐	
Title of Authorized Person: _____ Name of Authorized Person: _____	Phone Number: 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:

1. **Direct Deposit:** **If banking information for your company is established with any Department of the Minister of Finance, 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: _____

Mail to:
Gas Royalty Operations
Resources Revenue and Operations Division
7th Floor Petroleum Plaza North Tower
9945 – 108 Street
Edmonton, AB T5K 2G6
or
Fax to: (780) 422-8732