

FINANCIAL ELECTRONIC DATA INTERCHANGE INFORMATION

Your Company Name:				
Address:				
City:	Province:		Postal Code:	
Contact's Name:		Title/Pos	sition:	
Telephone Number:		Email A	ddress:	
Please attach a void cheque	or provide the fo	llowing i	nformation:	
Name of Financial Institution:				
Address:				
City:	Province:		Postal Code: _	
Telephone:				
Account Information:				
Branch Number:	Bank Code:		Account Number:	
(5 digit number)	(3 dig	it number)		(minimum of 7 digits)
How would you like to receive payment details? E-mail				
Signature:		Date:		
Please return the completed form by email to: payables@gearenergy.com				
Or by mail: Attention: Payables Gear Energy Ltd. Suite 800, 205-5 th Avenue S\ Calgary AB, T2P 2V7	N			

Pursuant to recent changes in various legislative acts regarding the collection and retention of personal information, please be advised that by providing the information requested herein, you have consented to its collection.