

**Company Name**  
Company Address  
Company Phone

Date

BC Oil & Gas Commission  
PO Box 9331 Stn Prov Govt, B.C.  
Victoria, BC  
V8W 9N3  
ATTN: Finance Department

Subject: ePay Financial Admin Designation

Company Name delegates ***Employee Name(s)*** as ePay Financial Admin for purposes of managing the Application Management Payment account.

Yours truly,

***Signature Here***

Name of Financial Authorization Person  
Title  
(Authorized Signatory for Company Name)