

BANK DRAFT PLAN AUTHORIZATION

North Alabama Gas District

P O Drawer 2590
Muscle Shoals, Al 35662
Phone 256-383-3306
Fax 256-386-0627

P O Box 1428
Madison, Al 35758
Phone 256-772-0227
Fax 256-772-8098

Customer's Name: _____

Service address (Include City & State) _____

NAGD Customer Number _____

Telephone Number _____ Email Address _____

Mailing Address _____

Bank Name _____ Bank Acct # _____

Under the Bank Draft arrangement we present a DRAFT to your bank each month for the amount of your bill. The bank pays us, then lists the DRAFT on your statement just as it lists your other cancelled checks. I agree that this authorization will remain in effect until revoked by mailing a **completed Bank Draft Cancellation Form** to the office of North Alabama Gas District. Bank Draft may be cancelled by **Account Holder ONLY**, not the Check Holder. North Alabama Gas District reserves the right to discontinue your Bank Draft at any time.

Complete this form and return to North Alabama Gas District along with a **VOIDED** check that has your account number and bank transit number printed clearly on it. Once again, please write **"VOID"** or and **"X"** on the check since it will not be returned to you.

Your gas bill will be sent to you each month, the bill will be marked **"PAID BY BANK DRAFT"**. The **DRAFT** will be processed on the day the bill is due.

If your bank information changes, a **new** completed enrollment form and voided check must be sent to North Alabama Gas District.

Signed: _____ Date: _____

Check Holder Signature