

10/2009

North Alabama Gas District

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

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

P O Box 847
Town Creek, Al 35672
256-685-2708 Fax 256-685-1888

www.nagd.com

Budget Billing Form

If you choose Budget Billing your projected monthly payment will be \$ _____, effective on your next billing date.

Activate Budget Billing _____. (yes or no)

I understand the rules and regulations of the Budget Billing Program of the North Alabama Gas District of the Cities of Madison, Alabama and Muscle Shoals, Alabama. I hereby request that the District initiate budget billing for the account number listed below, effective with my next bill.

Print Name _____

Date: _____ Customer #: _____ Account #: _____

Place of Employment: _____ Work #: _____

Spouse Name: _____ Home #: _____

Spouse Employment: _____ Work #: _____

Cell Phone: _____ Email: _____

Account Holder Signature: _____

I would like to cancel my Budget Billing _____

Date and Account Holder Signature