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

www.nagd.com

E-bill Request FORM

(Request must be emailed to e-bill@nagd.com)

Date of request _____

Current Account Information

Customer #_____

Account Holder Name _____

Address _____ **City/St/Zip** _____

Telephone Number _____ **Cell phone number** _____

Email address _____
(Must be written legibly)

Account Holder Signature: _____
Signer acknowledges receipt of E-bill discontinues receipt of paper bill

Effective Date: _____

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Cancel my E-bill :
Effective Date: _____
Account Holder Signature: _____

Account Holder is the ONLY PERSON authorized to request or cancel E-bill.