

# North Alabama Gas District

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[www.nagd.com](http://www.nagd.com)

## E-bill Request FORM

**(Request must be emailed to [e-bill@nagd.com](mailto:e-bill@nagd.com))**

\*This email address is for E-bill requests only. No other requests will receive a response.\*  
For questions regarding your account, please refer to the contact information at the top of this form.

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.