

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

Transfer Deposit Authorization

Customer Name: _____
Date: _____ **Deposit No.** _____
Deposit Amount _____ **Date of Deposit:** _____

Transfer From:
Service Address : _____
Customer Number: _____ **Date to Turn Off:** _____

Transfer To: (Attach copy of Proof of Homeowner or Renter Information)
Service Address: _____
Customer Number: _____ **Date to Turn On:** _____
Mailing Address: _____
Phone #1: _____ **Phone #2:** _____
Work #: _____ **E-mail:** _____
Driver License # & State: _____ **Social Security #** _____

Is your account currently paid by Bank Draft? Yes No
Are you currently enrolled in e-billing? Yes No

Signature: _____

*****Office Use Only*****

From: SO# _____ **To: SO#** _____
SO# _____ **SO#** _____

This form must be notarized if paperwork is completed outside of North Alabama Gas District's Office.

STATE OF _____, COUNTY OF _____
On this _____ day of _____, 20____, personally appeared before me, the above named individual and made oath that the statements made are true.

Notary Public _____
My Commission Expires: _____