

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CONSUMER NAME (S) _____

I (we) hereby authorize UPPER SAND MOUNTAIN GAS DISTRICT, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY (BANK) NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING/ABA NO. _____

CHECKING ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CONSUMER NAME (S) _____

(PLEASE PRINT)

DATE _____

SIGNEDX _____ SIGNEDX _____

I understand that my account at above stated DEPOSITORY will be debited on the 20th of each month, and that I will continue to receive my bill by mail delivery indicating the amount to be deducted by so said date. I also understand that if I disagree with the amount stated on my bill, that I will notify COMPANY in a reasonable amount of time to afford COMPANY such opportunity to adjust amount being debiting to my account. If COMPANY is not notified, I do not hold said COMPANY responsible for noted deduction and/or any such error accrued on my account at both DEPOSITORY and COMPANY due to that deduction. If DEPOSITORY declares funds insufficient, I understand that a service fee will be assessed for lack of funds as deemed necessary by COMPANY.

SIGNEDX _____ SIGNEDX _____

COMPANY NAME UPPER SAND MOUNTAIN GAS DISTRICT

CUSTOMER NAME AS IT APPEARS ON ACCOUNT _____

CUSTOMER NUMBER. _____

SERVICE ADDRESS _____

** Please attach a voided check along with the completed form. **