

AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

LAMAR COUNTY GAS DISTRICT
VERNON, AL

Customer No. # _____ Account No. _____

I (we) hereby authorize Lamar County Gas District, hereinafter called Company, to initiate debit entries for my (our) checking indicated below and the depository named below, hereinafter called Depository, to debit the same to such account. For my current gas charges for the month. All debits will fall between the 7th and 10th of each month.

DEPOSITORY NAME _____ BRANCH _____

TRANSIT # _____ ACCOUNT# _____

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

Customer Name ✓ _____

Amount _____ Begin Date ✓ _____

SIGNATURE ✓ _____

Please attach a voided check
