

MARSHALL COUNTY GAS DISTRICT
Authorization Agreement for Automatic Payment

Customer Name _____

Location-Customer ID _____ - _____

I (we) hereby authorize Marshall County Gas District, hereinafter called DISTRICT, to debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same account.

I (we) understand that this authority is to remain in full effect unless:

- I discontinue gas service with the DISTRICT.
- The DISTRICT has received written notification from me (us) to stop the automatic draft from my (our) account, 7 business days prior to the draft due date.
- The DISTRICT has drafted my (our) account and no funds were available.

Customer Name _____ **Date** _____
(Please Print)

Customer Name _____ **Witness** _____
(Signature)

ATTACH VOIDED CHECK HERE.
NO DEPOSIT SLIPS!!!!!!