

**MARSHALL COUNTY GAS DISTRICT  
AUTHORIZATION AGREEMENT TO  
*STOP* AUTOMATIC PAYMENT**

I (we) hereby authorize to stop automatic payment of my(our) natural gas bill location-customer ID \_\_\_\_\_ - \_\_\_\_\_, effective \_\_\_\_\_. (Effective date must be 7 days prior to due date or account may be drafted for that billing cycle.)

**Depository**

Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA Number \_\_\_\_\_  
(Routing Number)  
Account Number \_\_\_\_\_

**Customer's Service**

Address \_\_\_\_\_  
\_\_\_\_\_

**Customer's Mailing**

Address \_\_\_\_\_  
\_\_\_\_\_

**Customer Name** \_\_\_\_\_

(Please Print)

\_\_\_\_\_  
(Signature)

Date \_\_\_\_\_