

## Automatic Debit/Credit Authorization (ACH)

By completing and signing below, you authorize and request **Alpine Natural Gas** to initiate debit entries in ***the amount of your monthly bill*** which may fluctuate from month to month or if you are on the equal payment program the EPP amount will be withdrawn. You also authorize **Alpine Natural Gas** to initiate any reversing entries for any billings that may have been issued in error.

Alpine's billing statement is mailed prior to the 25<sup>th</sup> of each month. Draft or post date of the monthly debit will be the first banking day on or after the **fifth** of the month. This will allow several days to review your current bill.

This authorization is to remain in effect until **Alpine Natural Gas** has received written notification of the cancellation of the debit authorization. Written request for cancellation or modification to this agreement can be directed to:

ALPINE NATURAL GAS  
P.O. BOX 550  
VALLEY SPRINGS, CA 95252

**Bank to be debited/credited:** (Voided check for account in question required)

Routing Number:		Phone Number:	
Bank Name:			
Mailing Address of Bank to be debited:			
Name(s) on Checking Account:			
Checking Account Number:			
<i>Amount to be withdrawn</i>	<i>(Choose one below)</i>		
Current Balance Due	<input type="radio"/>		<b>Monthly</b>
EPP amount:	<input type="radio"/>		<b>Monthly</b>
Start Date:		Recurring Draft Date:	<b>Fifth of the Month</b>
Signature (as it appears on bank records):			
Printed Name/Title (as it appears on bank records):			

**Note: If, funds are not available in your account on the fifth of the month you are responsible for all fees including bank charges, and, subject to termination of service under Alpine's tariff Rule No. 11.**

**Acknowledged:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Voided check received:** Yes / No