



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bill*** which may fluctuate from month to month or if you are on the equal payment program the EPP amount will be withdrawn.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 25th of each month. Draft or post date of the monthly debit will be the first banking day of the **fifth** of the month. This will allow several days to review your current bill. The actual ACH withdrawal posting date will appear on that month's current billing statement. Note: If the fifth of the month is a Saturday then the first banking day prior to the fifth. If the fifth is a Sunday then the next banking day.

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Amount to be withdrawn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"/>		Monthly
EPP amount:	<input type="radio"/>		Monthly
Start Date:		Recurring Draft Date:	Fifth of the Month
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