

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may fluctuate from month to month, or if you are enrolled in the equal payment program (EPP) the EPP amount will be withdrawn.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 Natural Gas's billing statement is mailed prior to the 25th of each month. Draft or post date of the monthly debit will be on the **fifth** of the month or nearest business day if the 5th falls on a weekend or holiday.* 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 to: (voided check for account in question required)

Customer Name:		Alpine Account Number:	
Service Address:		Customer Email:	
Name(s) on Checking Account:			
Bank Name:		Mailing Address of Bank:	
Routing Number:			
Checking Account Number:		Bank Phone Number:	
<i>Amount to be withdrawn:</i>	<i>(Choose one below)</i>		
Current Monthly Balance Due	<input type="radio"/>		
Monthly EPP amount:	<input type="radio"/>		
Start Date:		Recurring Draft Date:	<i>Fifth of the Month*</i>
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 ANG's tariff Rule No. 11.

FOR ALPINE'S USE:	
Acknowledged: _____	Verified: _____
Date: _____	Voided check received: Yes/No