



DRAFT AUTHORIZATION

Bank Name: _____

Bank Address: _____

City, State, Zip: _____

To Whom It May Concern:

You are hereby authorized to charge my account and pay all drafts drawn by WEST TEXAS GAS, INC. on a monthly basis for the amount of my natural gas utility bill until otherwise instructed by me in writing.

Customer Signature

Date

Routing Number

Bank Account Number

Customers Name

WTG Account Number

Address (Street)

Address (City, State and Zip)

Please attach a voided check to this form and return to:

West Texas Gas, Inc.
211 N. Colorado Street
Midland, TX 79701-4607