



DRAFT AUTHORIZATION

Bank Name: _____

Bank Address: _____

City, State & Zip: _____

I authorize WEST TEXAS GAS, INC. to draft my account below on a monthly basis for the total amount due on my natural gas utility bill, until otherwise instructed by me in writing.

It may take one to two bill cycles for auto-drafts to begin. I understand that to maintain service I need to pay my utility bill by other means while waiting for auto-drafts to begin.

Customer Signature

Date

Bank Routing Number

Bank Account Number

Customer's Name

Customer's Phone Number

____ - ____ - ____
WTG Account Number

Address (Street)

City, State & Zip

****** PLEASE ENCLOSE A VOIDED CHECK ******