



# ACH DIRECT PAYMENT OPTION

A convenient option is available to you for future payments. You may have future payments automatically deducted when they are due from either your checking or savings account. To select this option, please complete the authorization and return it with your current payment and remittance stub to the above address. Authorization forms received by the 25<sup>th</sup> day of the month will have the next month's payment automatically deducted on the 20<sup>th</sup> day of the month. You will continue to receive your invoice at the same time via mail. Self Budgeting (paying additional amounts during warmer weather) is not available under the Direct Payment Option.

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS [Automated Clearing House (ACH) Debits]

I (we) hereby authorize Consumers Gas Cooperative, hereafter called CGC, to initiate debit entries to my (our) account indicated below at the depository financial institution named below hereafter called DEPOSITORY, and to debit the same to such account. I (we) agree to notify CGC if my (our) account routing number or account number changes. I (we) understand that a \$25 fee will be charged if I (we) fail to notify CGC of these changes, or do not have sufficient funds in the account on the 20<sup>th</sup> day of the month. **A voided check must accompany the request to be added to the ACH process.**

Financial Institution Name \_\_\_\_\_  
Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_  Checking /  Savings

Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until Consumers Gas Cooperative has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Consumers Gas Cooperative and DEPOSITORY a reasonable opportunity to act on it.

Name (s) \_\_\_\_\_ CGC ID# \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature \_\_\_\_\_