



AUTOMATIC DRAFT FORM

Name: _____ Phone#: _____

Utility Account Number: _____

Address of Service: _____

Mailing Address (if different from service address): _____

Email Address: _____

By signing, I authorize Fort Hill Natural Gas Authority to draft the account specified below:

CHECKING ACCOUNT DRAFT

***** PLEASE REMEMBER TO ATTACH A VOIDED CHECK*****

Bank Name: _____

Account Number: _____

Routing Number: _____

Print Name as Shown on Account _____

Signature: _____ Date: _____

CREDIT CARD DRAFT

Card Type: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Print Name as Shown on Card: _____

Signature: _____ Date: _____