

CALEDONIA NATURAL GAS DISTRICT

DRAWER 220

CALEDONIA, MS 39740

BANK DRAFT AUTHORIZATION

DATE: \_\_\_\_\_

CALEDONIA GAS ACCOUNT NUMBER: \_\_\_\_\_

BANK: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

YOU ARE HEREBY AUTHORIZED TO HONOR AND CHARGE TO MY ACCOUNT EACH MONTH A DRAFT DRAWN BY THE CALEDONIA NATURAL GAS DISTRICT WHICH WILL BE IN PAYMENT OF MY GAS ACCOUNT.

NAME ON ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

A VOIDED CHECK IS NEEDED