

Automatic Payment Plan Authorization Agreement

CNG ACCOUNT NUMBER		
CNG CUSTOMER NAME		
SERVICE ADDRESS		
CITY	STATE	ZIP

I (we) hereby authorize Cascade Natural Gas Corporation (CNG) to automatically withdraw from my (our) bank account identified below the amount due on my (our) monthly billing statement for the gas account number listed above. I (we) authorize the Financial Institution listed below to accept such withdrawals initiated by CNG. The withdrawals shall be made from my (our) bank account on the due date indicated on each billing statement.

FINANCIAL INSTITUTION		
BRANCH	ACCOUNT NUMBER	
FROM:	CHECKING <input type="checkbox"/>	TRANSIT/ROUTING NO. (first 9 numbers of the encoded line at bottom of your check)
	SAVINGS <input type="checkbox"/>	
	CREDIT UNION <input type="checkbox"/>	

This authorization is to remain in effect until **CNG and the Financial Institution** have received notification from me (or either of us) of termination in such time as to afford **CNG and the Financial Institution** a reasonable opportunity to act upon it. I (we) am aware of my right to stop payment of a withdrawal by notifying the Financial Institution at any time up to 3 business days before the withdrawal date. If an erroneous withdrawal occurs and I (we) notify the Financial Institution of the error within 60 days of the issuance of my (our) Financial Institution's statement, the Financial Institution must investigate and resolve the error within 45 days of notification. If the error is not resolved within the first 10 days following receipt of my (our) notification, my (our) account shall be re-credited for the amount in question until the investigation is completed.

TELEPHONE No. _____ DATE _____

PRINT NAME _____

SIGNATURE _____

ADDITIONAL SIGNATURE (if required) _____

PLEASE BE SURE TO ATTACH AN ORIGINAL OR PHOTOCOPY OF A VOIDED CHECK.

