

Please print and fill out form below and return to our office with a voided check to enroll in the bank draft program. The program is currently available for natural gas customers only. You will continue to receive a monthly statement.

Preauthorization Form

I (we) hereby authorize Hawkins County Gas Utility to initiate debit entries to such account by funds transfer for payment of my monthly utility bill.

This authority is to remain in full effect until I notify Hawkins County Gas Utility that I wish to end this agreement and Hawkins County Gas Utility has had reasonable time to act on it, or until Hawkins County Gas Utility has sent me 10 days written notice that they will end this agreement.

I understand that Hawkins County Gas Utility will continue to send me a bill and that there will be a maximum of 10 days after the date of billing to notify Hawkins County Gas Utility of any error on the bill.

I further understand that in the event my account has insufficient funds to cover the monthly payment amount drafted, or my monthly draft rejects due to account closed status, bank ownership change or account changes, a \$30.00 fee will be assessed and debited from my account in addition to the monthly payment due. It is my duty to notify Hawkins County Gas Utility 15 days prior to a scheduled debit of any changes made to my designated depository account, including but not limited to closed status, bank ownership changes and account changes.

I attest I am an authorized owner of the Depository Account listed below, and am exercising my powers as

Authorized Signature

Depository Account to be Drafted

Please Attach A Voided Check

Name: _____ Customer Number: _____

Address: ____ Phone Number: _____

City: _____

State: Zip:

Hawkins County Gas Utility must receive this form and voided check at least 15 days prior to your next bill date in order to draft your upcoming utility bill. Send this form with your current monthly payment, to be assured next month's bill will be drafted.