

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DIRECT DEBIT

I would like my automatic withdrawal each month to be withdrawn on the 15<sup>th</sup> \_\_\_\_\_ 25<sup>th</sup> \_\_\_\_\_.

I hereby authorize CONSUMERS GAS COMPANY, hereinafter called COMPANY, to initiate Direct debit entries and necessary credit entries for adjustments to correct errors to my

CHECKING OR  SAVINGS ACCOUNT (select one)

indicated below at the depository name below, hereinafter called DEPOSITORY.

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

ROUTING NO. \_\_\_\_\_ ACCT NO. \_\_\_\_\_

The authority is to remain in full force and effect until COMPANY has received written notification from me of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME \_\_\_\_\_

(PLEASE PRINT)

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ATTACH YOUR VOIDED CHECK HERE