

K-Gas Propane Auto Pay Enrollment

Customer: _____

Account Number: _____

Address for Service: _____

Automatic Card Authorization:

Card Information: _____ Ex: _____

Billing Address (if different than above): _____

I authorize K-Gas, Inc. to run my card automatically as follows:

- For full balance after delivery
- / or /
- Please split balance of delivery into 2 equal payments

If you would like your card ran on a set date, please indicate here:

I understand that if my card is declined, I will receive a call to notify me at the number provided above and it is my responsibility to contact K-Gas with an alternative card or cash payment in the office.

If there are any changes to this payment option, I agree to notify the office.

I understand that payment is due in full within 30 days of delivery; otherwise my account is subject to additional late fees and finance charges and is subject to referral to an outside agency for collections if account remains unpaid.

Customer Authorization: _____

Date: _____