K-Gas, Inc. ACH Payment Authorization

I hereby authorize	K-Gas, Inc. to initiate regular	ACH transactions as sta	ted below to my account:
	Checking	Savings	
Bank:			
Account Number:			
Routing Number:			
Please select one of	of the following:		
Only to pro	ocess upon customer's request	t.	
Monthly re	eoccurring amount of: \$		
To be with	drawn on		
	ally withdraw for balance due	• •	
To be with	drawn on		
-	ce due into 2 payments and w		
To be with	drawn on	and	-
You agree that no	prior potification will be provi	ded Lunderstand that	this authorization shall remain
-	ncel it in writing and agree to r		
	mination of this authorization saction is rejected for any rea		ys prior to next withdraw. In the
	0 and that K-Gas may attempt	-	-
authorized user of	this account.		
Customer Name: _			
Address:			

Customer Authorized Signature: _____

Date: K-Gas Account Number:	
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