



EFT AUTHORIZATION APPLICATION

Name: _____
Customer No: _____

AGREEMENT FOR PRE-AUTHORIZED PAYMENT

I/we hereby authorize and request Zia Natural Gas hereinafter called **COMPANY**, to affect payment for amounts owing by me/us to **COMPANY** as such amounts become due by initiating debit entries to my/our account indicated below in the bank named below, hereinafter named **BANK**, and I/we authorize **BANK** to accept any debit entries initiated by **COMPANY** to such accounts and debit the same such account without responsibility for correctness thereof.

It is understood that this agreement may be terminated by me/us at any time by written notification to **COMPANY**. Any such notification to **COMPANY** shall be effective only with respect to entries initiated by **COMPANY** after receipt of such notification and a reasonable opportunity to act on it.

BANK NAME _____

BANK ADDRESS: _____

BANK TRANSIT ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

DATE: _____ SIGNED: _____

PLEASE ATTACH A VOIDED CHECK



ZIA NATURAL GAS COMPANY

CAPITAN*CARRIZOZO*CIMARRON*HATCH*HOBBS*JAL
MAXWELL*MESILLA*RUIDOSO*RUIDOSO DOWNS*SPRINGER
COLFAX COUNTY*DONA ANA COUNTY*LEA COUNTY*LINCOLN COUNTY