



EFT AUTHORIZATION APPLICATION



Name: _____

Cust. No: _____

AGREEMENT FOR PRE-AUTHORIZED PAYMENT

I/we hereby authorize and request Wyoming 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 anytime by written notification to

BANK NAME _____

BANK ADDRESS: _____

BANK TRANSIT ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

DATE: _____ SIGNED: _____

PLEASE ATTACH A VOIDED CHECK



For the Basin * Byron * Greybull * Manderson * Thermopolis * Worland areas:

101 Division Street
PO Box 19
Worland, WY 82401
307-347-2416
800-799-6427
Fax: 307-347-3551