



Clarke-Mobile Counties Gas District

Bank Draft Authorization

I hereby authorize Clarke-Mobile Gas to debit my savings/checking account at the following bank each month for my monthly gas bill.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Customer Name: _____

Customer Account Number: _____

Customer Address: _____

Date: _____

Authorized Signature: _____

FOR OFFICE USE ONLY

Operator: _____

Date Setup: _____

Effective Date: _____