

K-Gas, Inc.

Reoccurring ACH Payment Authorization

I hereby authorize K-Gas, Inc. to initiate regular ACH transactions as stated below to my account:

- Checking Savings

Bank: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____

Account Number: _____

Please select one of the following:

- Only to be processed upon customer's request.

- Monthly reoccurring amount of: \$ _____
To be withdrawn on _____

- Automatically withdraw for balance due for propane or services.
To be withdrawn on _____

- Split balance due into 2 payments and withdraw for propane or services.
To be withdrawn on _____ and _____

You agree that no prior notification will be provided. I understand that this authorization shall remain in effect until I cancel it in writing and agree to notify K-Gas in writing of any changes in my account information or termination of this authorization at least 15 business days prior to next withdraw. In the event an ACH transaction is rejected for any reason, I understand my account is subject to a return check fee of \$35.00 and that K-Gas may attempt to process the charge again. I certify that I am an authorized user of this account.

Customer Name: _____

Address: _____

Customer Authorized Signature: _____

Date: _____ Account Number: _____