

South Coast Gas Company

P O Box 470, Raceland LA 70394 537-5281

ACH Bill Payment Authorization (ACH Debits) 11/11

Authorization Agreement

I (we) authorize **South Coast Gas Company, Inc.** to start debit entries to my (our) () **checking** () **savings account** (select one) at the financial institution named below and to debit my account accordingly. I understand the dollar amount will vary according to the net amount of the bill. Your account will be drafted 1 business day prior to the due date. **If you wish to discontinue ACH, you must notify South Coast Gas Company, Inc. in advance.**

Furthermore, if any such electronic debit (s) should be returned by my financial institution as Non-Sufficient Funds (NSF), the company will charge a return item fee of \$ 20.00. Should more than 3 transactions be returned due to non-sufficient funds the account may no longer be eligible for ACH.

SOUTH COAST GAS CUSTOMER INFORMATION

Account Name: _____

Account Number: _____

Contact Phone Number: _____

Bank Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ **Checking** **Savings**

Please attach a voided check to this form and return by mail. Should this account information change, please provide South Coast Gas Company, Inc. with new bank account information in advance. Please continue to pay your bill until it is noted on the bill card **DO NOT PAY – DRAFTED.**

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____