

Gas Utility Dist. # 1 of East Baton Rouge Parish
10633 Greenwell Springs Port Hudson Road
Zachary, La 70791-8851
654-4020

I authorize _____ and the financial institution named below to initiate entries to my checking/savings accounts. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first.

(Name of financial institution)

(Address of financial institution) (Street) (City) (State) (Zip Code)

(Signature) (Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Checking Account No. _____ (or) Savings Account No. _____

Minimum Amount _____ Maximum Amount _____

Financial Institution Routing Number _____
(Between these symbols I: I: on the bottom left of you check)