



Fountain Inn Natural Gas System

Mike Pitman, Systems Manager

William Luttrell, Superintendent

Shannon McMakin, Office Manager

MONTHLY BANK DRAFT AUTHORIZATION

Account Number: _____

Name: _____

Telephone Number: _____

I authorize Fountain Inn Natural Gas System to draft my checking account.

Signature: _____

Please attach a voided check

Your account will be drafted on the due date of each bill. If you have any questions, Please call 864-862-0042. Please complete this form and return it with a voided check to the Gas Office at 100 S. Weston St., or mail it to:

Fountain Inn Natural Gas System
PO Box 127
Fountain Inn, SC 29644 0127

Please note that we only draft once. If for any reason the draft is returned, your gas service is subject to be disconnected for non-payment.

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