



MONTHLY BANK DRAFT AUTHORIZATION FORM

100 S. Weston St, Fountain Inn, SC 29644

Phone: 864-862-0042 Fax: 864-862-7334

Email: fing@fountaininn.org

www.fountaininngas.org

Account number: _____

Name: _____

Address: _____

Telephone number: Home: _____ Cell _____

I authorize Fountain Inn Natural Gas to draft my account monthly for payment of my natural gas utility bill.

Signature: _____

Please attach a voided check

Accounts are drafted on the due date of each bill unless the due date falls on a weekend or holiday. In that case, drafts will occur the following business day. Questions? Call 864-862-0042.

Complete this form and return with a voided check to:

Fountain Inn Natural Gas

100 S Weston St.

Fountain Inn, SC 29644

By fax: 864-862-7334 or email: fing@fountaininn.org.

* Please note: We only attempt to draft once. If for any reason the draft is returned, a \$35.00 NSF fee will be applied to the account. We will attempt to make contact for payment before further action is taken. *

It is extremely important to keep all contact information current.