

EMW Gas Association
P.O. Box 118
Estancia, NM 87016
Phone 505-384-2369 Fax 505-384-2234

Checking or Savings Account Debit Authorization Form

I (we) hereby authorize EMW Gas Association, hereinafter called EMW Gas Association, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for gas bill payment. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the U.S. law.

(Financial Institution)

(Branch)

(Address)

(City /ZIP)

(Routing Number)

(Account Number)

Checking Savings
(Type of Account)

This authority is to remain in full force and effect until EMW Gas Association has received written notification from me (or either of us) termination in such time and manner as to afford EMW Gas Association and Financial Institution a reasonable opportunity to act on it.

EMW Gas Account # _____ Service Address _____

Name on Account _____

E-Mail Address _____ Date _____

Phone numbers:

Cell _____ Home _____

Signature _____

Please note EMW Gas Assoc. will automatically debit your account on the 15th of each month for the full balance due. Should the 15th fall on a weekend or holiday, your account will debit on the next business day. Please review your monthly bill carefully and notify this agency of any discrepancy. It is the customer's responsibility to assure that funds will be available. If the funds are not available customers' must then make other payment arrangements to ensure that the balance is paid along with any additional fees. Please mail or fax completed form to our office at P.O. Box 118, Estancia, NM 87016 or fax 384-2234.

Attach voided check here. In the event that you send in a payment and your bank account is debited in the same month, EMW Gas Association will not issue a refund. There will be a credit on your account.