

Section _____

Pre-Authorized Payment Form



Please read carefully and fill in the blank lines with the correct information.

I authorize Citizens Gas Fuel Company to keep my signature on file
and to charge my **VISA** or **MASTERCARD** (please circle one).

Name
Address
City

Citizens Gas Fuel Company Information

Customer #: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Credit Card Information

Cardholder name: _____
Cardholder address: _____
City: _____ State: _____ Zip: _____
Credit or Debit Card #: _____
Expiration date: _____

Customer Acct #: _____

Last 4 digits of credit card # _____ Expiration Date: _____

Cardholder Signature: _____ Date: _____

I understand that this form is valid unless I cancel the authorization through written or personal notice to Citizens Gas Fuel Company. I also understand this form is valid up to the expiration date of the VISA or MASTERCARD, and that I would need to renew it by contacting Citizens Gas Fuel Company.

E-mail Address: _____

****CONFIDENTIAL****