



127 N Main St • Adrian MI 49221 • 517-265-2144

Pre-Authorized Payment Form

Please read carefully and fill in the correct information.

Enroll me in PAP and the Budget Plan

Enroll me in PAP only

Checking/Savings Account Information (Please included a voided check)

Bank Name _____

Bank Routing # _____

Bank Account # _____

Checking

Savings

*Please check with your bank for correct account number if using savings account

Customer Information

Customer Phone #: _____

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Citizen's Gas Account Number _____

I understand that by signing below, I am authorizing Citizens Gas Fuel Company to debit the bank account designated above. Citizens Gas Fuel Company will advise me via a bill statement of the amount and date of the payment that will be automatically debited.

It is my responsibility to ensure that sufficient funds are available to complete each scheduled payment. I agree that I may be charged a returned item fee if funds are not available at the time of the scheduled payment.

Customer Signature: _____

****CONFIDENTIAL****