



## BANK DRAFT FORM

Applicant \_\_\_\_\_ DC Gas Acct # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

**For Enrollment return this form and voided check to:** DeKalb Cherokee Counties Gas District  
PO Box 680376  
Fort Payne, AL 35968

**Customer Authorization:** I authorize DeKalb-Cherokee Counties Gas District to automatically draft my bank account for payment of my monthly bill. I understand that: The bank draft will be in effect on the first bill with "This statement is for informational purposes only – paid by bank draft." Appearing in the shaded area of the bill. I must sign this form for my application to be processed. DC Gas will send a bill each month before my bank account is drafted. I have read and agree to the terms of the plan.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_