

# Pre-authorized Payment (DEBIT) Service Authorization Agreement Form

Lake Apopka Natural Gas

59-1021867

I authorize Lake Apopka Natural Gas and my financial institution to electronically debit my checking account specified below.

Bank Name

Branch Location

City

State

Zip

Bank Transit/ABA Number

Bank Account Number

⑆ 2 3 4 5 6 7 8 9 0 ⑆ 2 3 4 5 6 7 8 9 0 0 ⑆  
↑ ↑  
Bank Transit/ABA Number Account number

This information can be found in the bottom left hand corner of your check

**This authority is to remain in full force and effect until Lake Apopka Natural Gas District and Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Lake Apopka Natural Gas District and Bank a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customer(s) and will be provided by Lake Apopka Natural Gas District, upon request, to the Bank.**

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Customer Name(Please Print)

Signature

Date

Daytime Phone

Apopka Gas Account #

Please staple to this form a voided check to verify bank account information and mail to: Lake Apopka Natural Gas District, 1320 Winter Garden Vineland Rd., Winter Garden FL, 34787

**Please fill in blanks, print, sign where indicated and mail in or drop off at our Winter Garden location**