

Fountain Inn  **Natural Gas**
Blue Flame Appliance Center of Fountain Inn

MONTHLY BANK DRAFT AUTHORIZATION FORM

100 S. Weston St, Fountain Inn, SC 29644
Phone: 864-862-0042 Fax: 864-862-7334
Email: fing@fountaininn.org
www.fountaininngas.org

GAS ACCOUNT NUMBER: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: HOME: _____ CELL _____

I AUTHORIZE FOUNTAIN INN NATURAL GAS SYSTEM TO DRAFT MY CHECKING ACCOUNT MONTHLY FOR THE PAYMENT OF MY NATURAL GAS UTILITY BILL.

SIGNATURE: _____

PLEASE ATTACH A VOIDED CHECK

YOUR ACCOUNT WILL BE DRAFTED ON THE DUE DATE OF EACH BILL. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 864-862-0042. PLEASE COMPLETE THIS FORM AND RETURN WITH A VOIDED CHECK TO FOUNTAIN INN NATURAL GAS, P.O. BOX 127, FOUNTAIN INN, SC 29644 OR BY FAX AT 864-862-7334 OR EMAIL TO fing@fountaininn.org.

*PLEASE NOTE THAT WE ONLY ATTEMPT TO DRAFT ONCE. IF FOR ANY REASON THE DRAFT IS RETURNED, YOUR GAS SERVICE WILL BE SUBJECT TO DISCONNECTION FOR NON-PAYMENT.

Updated: 8/1/2014