



Please complete the entire form (**all fields are required**). For **checking** account payments, please attach a **voided check** (not a deposit slip). For **savings** account payments, please attach a **voided deposit slip** (if available).

Print out, sign and mail this form and the above attachment to:

New Mexico Gas Company  
P.O. Box 97500 BC 28  
Albuquerque, NM 87199-7500

## Automatic Bank Draft Authorization Agreement

### IMPORTANT - Please review

I authorize the named financial institution to make deductions from my account for payment of my New Mexico Gas Company bill. I understand that I can discontinue participation in the Automatic Bank Draft program by calling the New Mexico Gas Company at the telephone number listed on my bill. I also understand that the monthly withdrawal will take place [ ] **the due date** [ ~the current bill].

Name of your bank, savings and loan, or credit union			
	Routing number — 9 digits		
	Account number		
Your name (as shown on financial institution records)			
Checking or Savings account payments (if neither box is checked, default is a checking account payment)		<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
Address (the service address on your New Mexico Gas Company bill)			
City, State, and Zip Code (the service address on your New Mexico Gas Company bill)			
Daytime telephone number			
Name of the primary account holder (as it appears on your New Mexico Gas Company bill)			
Account number — 17 digits (as it appears on your New Mexico Gas Company bill)  <b>999999999 - 9999999 - 2</b>			
<b>Signature</b> (as shown on financial institution records) Participation in the Bank Draft Payment Plan is contingent upon your signed consent.			

If any fields are missing or inconsistent with New Mexico Gas Company records, your bank draft will be delayed until clarification is received.