

Natural Energy Utility Corporation 2560 Hoods Creek Pike • Ashland, Kentucky 41102

Fax: (606) 325-2991 (606) 324-3920

Bank Account Debit For Utility Bills (Please Print Legibly)

Name:	Bank Name:
Service Address:	Bank Address:
Mailing Address:	
Phone Number:	Bank Phone Number:
Social Security Number:	Checking or Savings:
Customer Number:	Bank Account Number:
Budget: Yes: Amount \$	Bank Routing Number:
Authorizat	tion Agreement
application to debit the account I have specified f fee will be charged to my utility account for each understand that both the financial institution and terminate this payment plan and/or my participation by providing adequate written notice to Natural Ashland, KY 41102. Any changes to the informat	pration and the financial institution designated in this for payment of my monthly service. I understand that a request returned for non-sufficient funds. In addition, I Natural Energy Utility Corporation reserve the right to on. I may elect to discontinue my enrollment in this plan Energy Utility Corporation, 2560 Hoods Creek Pike, ion included in this form must be made by the primary Natural Energy Utility Corporation immediately for this
Signature	Date
Please enclose a voided che	ck or deposit slip with application