Fountaintown Gas
An Ohio Valley Gas Company

106 E Main St
PO Box 1007
Morristown, IN 46161
Phone: (765)763-6393
www.ftgas.net

DIRECT DEBIT PLAN ENROLLMENT

To enroll, complete the Direct Debit Plan Enrollment Form below and return to the office. To assist in verification of your account information, please include a voided check, deposit slip, or ask your financial institution for assistance in completing this form. The information will be maintained in confidence.

Under the Plan:

1. You will continue to receive a monthly natural gas bill detailing the amount to be deducted from your account.
2. Depending upon your financial institution, the withdrawal from your designated account will be made the day prior to or on the Due Date as printed on your monthly natural gas bill, or on the first banking day after the Due Date should the Due Date be a non-banking day.
3. You are required to continue to make your monthly natural gas bill payment until you are advised that we have completed verification of your financial institution information. The monthly natural gas bill will have, "Bank Transfer On or After…" in the amount due box of your bill.
4. Notification to cancel enrollment in the Direct Debit Plan must be made a minimum of three (3) business days prior to the Due Date.

Please print with a pen. Must sign and date to be valid.

Direct Debit Plan: ☐ Add ☐ Cancel ☐ Update

Customer Information

Customer Name (as shown on the bill): _____

Service Address (as shown on the bill): _____

_____

Account Number: _____

Telephone Number: _____

Email Address: _____

Financial Institution Information

Name of Financial Institution: _____

ABA Transit Routing Number: _____

Account Number: _____

☐ Checking Account ☐ Savings Account

Phone Number: _____

Authorization: I authorize Ohio Valley Gas to instruct my bank, savings & loan, or credit union to pay my total monthly natural gas bill from my checking or savings account listed above. I understand that I control my payments. If at any time I decide to discontinue this payment service, I will notify Ohio Valley Gas in such time and manner to afford the Company a reasonable opportunity to revise their Records accordingly. Discontinuation of the Direct Debit Payment Plan shall not affect any amounts owed by me to the Company.

Signature: _____ **Date:** _____