



New Mexico
GAS COMPANY

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 approximately **10 days prior to the due date** on the current bill.

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