



New Mexico
GAS COMPANY

Automatic Bank Draft Authorization Agreement

To enroll, please complete this form. If you are having your payments deducted from a checking account, attach a voided check (not a deposit slip). If the deductions will be from a savings account, attach a voided deposit slip (if available). Mail this form and attachment to :

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

NOTE: Participation in the Bank Draft Payment Plan is contingent upon your signed consent to the provision below.

I authorize the above named financial institution to make deductions from my account for payment of my New Mexico Gas Company ("NMGC") bill. I understand that I can discontinue participation in the Automatic Bank Draft program by calling NMGC 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

SAVINGS OR CHECKING ACCOUNT NUMBER (BEGINNING WITH THE FAR LEFT DIGIT)

SAVINGS

CHECKING

YOUR NAME (AS SHOWN ON FINANCIAL INSTITUTIONS RECORDS)

ADDRESS

DAYTIME TELEPHONE NUMBER

()

CITY

STATE

ZIP CODE

NAME ON NMGC ACCOUNT

NMGC ACCOUNT NUMBER (AS SHOWN ON YOUR BILL)

SIGNATURE (AS SHOWN ON FINANCIAL INSTITUTION)