



Automatic Payment Authorization Form
(Please print.)

Name on Bank Account: _____

Bank Name: _____

Bank Routing Number: _____
(9-digit number)

Bank Account Number: _____

Phone (home): _____ (work): _____

Michigan Gas Utilities Account Number: _____

Address: _____

City, State, Zip Code: _____

I authorize Michigan Gas Utilities to debit the financial account listed above for monthly payment of my bill. I understand that I may discontinue using this service by calling 800-401-6402 to cancel.

Signature: _____ Date: _____

Please mail the completed form along with a copy of a voided check or savings withdrawal slip to:

Michigan Gas Utilities
PO Box 2176
Scottsbluff, NE 69363-2176