



**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:

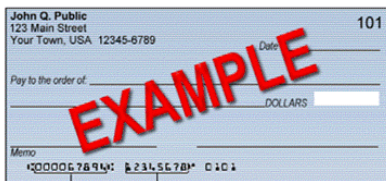
**New Mexico Gas Company**  
**P.O. Box 97500 BC 28**  
**Albuquerque, NM 87199-7500**

## 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 [ ] **the due date** [ ] ~the current bill.

Name of your bank, savings and loan, or credit union



Routing number  
— 9 digits

Account number

Routing # Account #

Your name  
(as shown on financial institution records)

Checking or Savings account payments  
(if neither box is checked, default is a checking account payment)

☐ Savings

☐ Checking

Address  
(the service address on your New Mexico Gas Company bill)

City, State, and Zip Code  
(the service address on your New Mexico Gas Company bill)

Daytime telephone number

Name of the primary account holder  
(as it appears on your New Mexico Gas Company bill)

Account number — 17 digits  
(as it appears on your New Mexico Gas Company bill)

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**Signature**

(as shown on financial institution records)  
Participation in the Bank Draft Payment Plan is contingent upon your signed consent.