36225 Kenai Spur Highway
Soldotna, AK 99669
Phone: (907) 262-9334
Fax: (907) 264-3752

3351 Palmer / Wasilla Highway
Wasilla, AK 99654
Phone: (907) 376-7979
Fax: (907) 373-6525

P.O. Box 190288
3000 Spenard Road
401 E International Airport Road
Anchorage, AK 99519-0288
Phone: (907) 334-7600
Fax: (907) 334-7612

Authorization Agreement for Automatic Payment Plan

ENSTAR Customer Name: _____

ENSTAR Gas Account Number(s): _____

ENSTAR Service Address(es): _____

I (we) hereby authorize ENSTAR Natural Gas Company (COMPANY) to automatically withdraw from my (our) checking account at the DEPOSITORY (bank or other) named below, and the DEPOSITORY to accept withdrawals initiated by the COMPANY, which withdrawals shall be made from my (our) checking account.

DEPOSITORY NAME: _____

I (we) understand the following:

- **It will be necessary to notify ENSTAR to establish automatic drafting for any additional service locations that you add. Also should you final your current account and reestablish service at a new location you will need to notify us to continue bank drafting at the new location.** Gas accounts in your name will not automatically be drafted, but will need to be identified by you as bank draft accounts.
- **You may use more than one bank account if you have multiple gas accounts.**
- **The AMOUNT DUE will be drafted each month.** This includes miscellaneous charges (i.e. service calls, parts purchased, etc.) and adjustments. For Budget Billing accounts the amount drafted will include the monthly budget billing amount, plus any miscellaneous charges and adjustments. For non-budget billing accounts the amount drafted will include the actual gas charges, plus any miscellaneous charges and adjustments.
- **Final bills will be drafted,** unless we are advised at the time of the final to cancel Bank Drafting.
- **Bank Draft customers will receive a monthly statement indicating the amount to be drafted**. If you have questions regarding the amount, please contact us at least three (3) days prior to the draft date.
- **Bank accounts will be electronically drafted ten (10) days after the bill date.**

This authorization is to remain in effect until the COMPANY receives written notification from me (or either of us) of its termination in such time as to afford the COMPANY a reasonable opportunity to act on it. I (we) am aware of my right to stop payment of a withdrawal by notifying the DEPOSITORY at any time up to three(3) days before the withdrawal date. The COMPANY shall not be responsible for stop payment fees assessed by your DEPOSITORY.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ PHONE No. _____

PLEASE ATTACH YOUR VOIDED CHECK