



## ACH Payment Authorization

I authorize AGA to electronically credit my bank account and, if necessary, electronically debit my account to correct erroneous credits as follows:

I \_\_\_\_\_ authorize AGA to credit my bank account indicated below for monies due to me.

### Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Bank Details

Checking     Savings

Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AGA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

SIGNATURE \_\_\_\_\_  
(Account Holder's Signature)

DATE \_\_\_\_\_