

## Enrollment Form

To enroll in **Balanced Billing** and/or **Pay by Bank**, fill out the authorization form below. If signing up for **Pay by Bank**, please provide a voided check from your checking account or savings account deposit slip and send it along with your monthly payment. Within two months you will see a message on your bill alerting you that **Balanced Billing** and/or **Pay by Bank** is in effect.

### Authorization Form

Please sign me up for: (check one)  Balanced Billing  Pay by Bank  Both

Name(s) shown on Great Plains bill: \_\_\_\_\_

Great Plains Account Number \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Today's date \_\_\_\_\_

### Complete this section only if signing up for Pay by Bank

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

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

Checking Account  Savings Account

*Great Plains has the right to cancel my use of Pay by Bank. I will write to Great Plains if I decide to cancel my use of Pay by Bank.*

**Remember to include a voided check from your checking account or savings account deposit slip.**

Signature of Account Holder (s)

\_\_\_\_\_

*Note: If account is in two names, both account holders must sign above.*

**Mail to: Mail to: Great Plains Natural Gas Co.  
Attn: Customer Service - Annex 3  
400 North 4th Street  
Bismarck, ND 58501**

**Fax to: (701) 221-3933**