

Pay by Bank – Balanced Billing Enrollment Form

To enroll in the **Pay by Bank** and/or **Balanced Billing** program, fill out the authorization form below. If enrolling in **Pay by Bank**, please provide a voided check issued by a U.S. financial institution (no deposit slips). Include your voided check with this completed and signed authorization form and send it to the address noted below. Within two months you will see a message on your bill alerting you that the **Pay by Bank** and/or **Balanced Billing** 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 _____

Service Address _____

City _____ State _____ ZIP _____ Phone _____

Signature _____

Today's date _____

Also complete this section if signing up for Pay by Bank

Financial institution _____

Remember to include a voided check from your checking account and sign the form.

Signature of Account Holder(s)

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

I authorize Great Plains to instruct my financial institution to make my Great Plains payments from the account number on my voided check. I understand this program is voluntary and if at any time I decide to discontinue my participation in this payment service, I will provide Great Plains a 30-day written notice.

**Mail: Great Plains Natural Gas
Attn: Customer Support
P.O. Box 7608
Boise, ID 83707-1608**

**Fax: (701) 323-3104
Scan and email to: Customerservice@gpng.com**

