

## 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](mailto:Customerservice@gpng.com)**

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