AUTOMATIC BILLING AUTHORIZATION FORM

Company Name: Piedmont Gas Company

Account Number: _____

FROM CREDIT CARD:

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account

Secondary Card Account (optional)

Name on credit card (exactly as printed) Billing address for credit card (Street, Apt.#)		Name on credit card (exactly as printed) Billing address for credit card (Street, Apt.#)	
Credit card number	Exp. Date	Credit card number	Exp. Date
CID # (3 digit code on back)	Phone #	CID # (3 digit code on back)	Phone #
Signature	Date	Signature	Date

Bill all charges to the above card(s). Since the payment amount may vary, I will still receive a monthly bill showing amount due for the billing period. These charges will be processed on the 21st of each month. If the 21st falls on a weekend or holiday, the charges will be processed on the next business day.

□ This authorization is valid until I provide you with written cancellation.