



# FOUNTAIN INN NATURAL GAS

**Blue Flame Appliance Center of Fountain Inn**

## MONTHLY BANK DRAFT AUTHORIZATION FORM

**100 S. Weston St, Fountain Inn, SC 29644**

Phone: 864-862-0042 Fax: 864-862-7334

Email: [fing@fountaininn.org](mailto:fing@fountaininn.org)

[www.fountaininngas.org](http://www.fountaininngas.org)

GAS ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: HOME: \_\_\_\_\_ CELL \_\_\_\_\_

I AUTHORIZE FOUNTAIN INN NATURAL GAS SYSTEM TO DRAFT MY CHECKING ACCOUNT MONTHLY FOR THE PAYMENT OF MY NATURAL GAS UTILITY BILL.

SIGNATURE: \_\_\_\_\_

**\*PLEASE ATTACH A VOIDED CHECK\***

YOUR ACCOUNT WILL BE DRAFTED ON THE DUE DATE OF EACH BILL. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 864-862-0042. PLEASE COMPLETE THIS FORM AND RETURN WITH A VOIDED CHECK TO FOUNTAIN INN NATURAL GAS, 100 S WESTON ST, FOUNTAIN INN, SC 29644 OR BY FAX AT 864-862-7334 OR EMAIL TO [fing@fountaininn.org](mailto:fing@fountaininn.org).

\*PLEASE NOTE THAT WE ONLY ATTEMPT TO DRAFT ONCE. IF FOR ANY REASON THE DRAFT IS RETURNED, YOUR GAS SERVICE WILL BE SUBJECT TO DISCONNECTION FOR NON-PAYMENT.

Updated: 5/14/2020