



APPLICATION
Pre-Authorized Payments
and/or
Budget Billing Plan

PNG Account Number _____

Customer Name _____

Address _____

**Pre-Authorized
Payment Plan**

New enrollment

Change bank account

Name of Bank _____ (attach voided cheque)

Bank Account Number _____

Names on Account _____

I/We authorize Pacific Northern Gas Ltd. to begin automated withdrawals for payment of my gas bill from the bank account identified on the enclosed cheque commencing with my next gas bill. This authority will remain in effect until I/We or Pacific Northern Gas Ltd. notify the other of termination.

Budget Billing Plan

Yes, I want to enroll in the Budget Billing Plan

I/We authorize Pacific Northern Gas Ltd. to bill me pursuant to the Budget Billing Plan described in the gas tariff.

<u>OFFICE USE ONLY</u>	BUDGET AMOUNT:	<input type="text"/>	BUDGET ENERGY:	<input type="text"/>
				GJ

Authorized signature(s) _____ Date: _____

_____ Date: _____