

Please complete the entire form (all fields are required). For checking account payments, please attach a **voided check** (not a deposit slip). For **savings** account payments, please attach a **voided deposit slip** (if available).

Print out, sign and mail this form and the above attachment to:

New Mexico Gas Company P.O. Box 97500 BC 28 Albuquerque, NM 87199-7500

Automatic Bank Draft Authorization Agreement

IMPORTANT - Please review

I authorize the named financial institution to make deductions from my account for payment of my New Mexico Gas Company bill. I understand that I can discontinue participation in the Automatic Bank Draft program by calling the New Mexico Gas Company at the telephone number listed on my bill. I also understand that the monthly withdrawal will take place [} the due date [~the current bill.

| Name of your bank, savings and loan, or credit union | | | |
|--|------------------------------|-----------|----------|
| John Q. Public 123 Main Street Your Town, USA 12345-6789 Play to the order of | Routing number — 9 digits | | |
| | Account number | | |
| Your name (as shown on financial institution records) | | | |
| Checking or Savings account payments (if neither box is checked, default is a checking account payment) | | ☐ Savings | Checking |
| Address (the service address on your New Mexico Gas Company bill) | | | |
| City, State, and Zip Code (the service address on your New Mexico Gas Company bill) | | | |
| Daytime telephone number | | | |
| Name of the primary account holder (as it appears on your New Mexico Gas Company bill) | | | |
| Account number — 17 digits (as it appears on your New Mexico Gas Company bill) 999999999 - 9999999 - 2 | | | |
| Signature (as shown on financial institution records) Participation in the Bank Draft Payment Plan is contingent upon your signed consent. | | | |