## **Authorization for Automatic Bill Payment**

Please enclose a VOIDED CHECK for checking account deduction or a DEPOSIT SLIP for savings account deduction.

Withdrawal to be taken from : (please check one)   Checking (Include a Voided Check)		ed Check) Savings (Include a Voided Deposit Slip)
Name (as shown on	your bill):	Account #:
Service Address:		City, State and Zip Code:
Signature:		Date:
Office Use:	Promotional Event:	Date:

NOTICE: Upon receipt of your request, your banking information will be pre-authorized to ensure an accurate transaction will take place between your bank and Rock Energy. This process can take up to 30 days. Once this process is complete, your next bill will indicate the amount and date your payment will be deducted from your bank account.