

RETAIN FOR YOUR RECORDS

I authorized _____
 (name of Financial Institution)

on _____ to pay and to charge to my account(date) the amount of any instrument drawn on my account by and payable to the order of City of Holdenville.

TERMS AND CONDITIONS OF AUTHORIZATION

1) AUTHORIZATION:

Review the Authorization Agreement or call the City for details. Complete the appropriate Authorization Agreement for the bill payment program. Each payment shall be the same as if it were an instrument personally signed by you.

2) REVOCATION:

This authority is to remain in effect until revoked by either the customer, City or financial institution. Customer must notify the appropriate City to discontinue automated payment service.

3) STOP PAYMENT:

You have the right to stop payment of a charge by notifying your financial institution up to three (3) business days prior to the charging of your account.

AUTOMATIC BANK DRAFT - AUTHORIZATION FORM FORM 59 (7-01)

NAME (Please print name as it appears on your gas bill.)		DAYTIME PHONE NO.	OKLAHOMA NATURAL GAS ACCOUNT NO. <i>(Shown on your gas bill)</i>
ADDRESS		<input type="checkbox"/> HOME PHONE <input type="checkbox"/> BUSINESS PHONE	<input type="checkbox"/> I want to contribute to The Salvation Army's Share The Warmth Program. Please charge \$ _____ to my account each month.
CITY	STATE	ZIP	
I authorize Oklahoma Natural Gas Company to begin making monthly deductions from my savings or checking account according to the terms detailed on the reverse side of this form.		<input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> CHECKING ACCOUNT <i>(Please attach voided blank check.)</i>	
SIGNATURE OF APPLICANT		DATE	SIGNATURE OF CO-APPLICANT (if necessary)

Detach this panel and mail with your next OG&E payment.

YES! I want the convenience of Automatic Payment Withdrawal!

Please print the information requested below to sign up for Automatic Payment Withdrawal.

OG&E account number _____
 Name on OG&E account _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Circle one: Checking account Savings account

I authorize OG&E Electric Services to begin deductions from my account with the financial institution named for payment of my OG&E bills. I understand that I have the right to cancel automatic payment of my OG&E bills by providing timely written notice to OG&E and/or my designated financial institution prior to the time my account is charged. I understand that OG&E and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

Signature _____
 Date _____

IMPORTANT: PLEASE RETURN A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP WITH THIS FORM TO ENSURE ACCURATE PROCESSING