

# Direct Debit Authorization Form



**PLEASE RETURN EXECUTED DOCUMENT TO:**  
**collections@apge.com, or FAX: 888-456-2085, or by Mail:**  
**APG&E, 6161 Savoy Drive, Suite 500, Houston, TX 77036**

This written authority is to remain in full force and effect until APG&E and depository named below have received written notification from either party of its termination in such time and in such manner as to afford APG&E and depository named below a reasonable opportunity to act upon it.

Type of Authorization:  New Authorization  This is a change to an existing Authorization

Customer Information	
<b>Customer Name:</b>	<b>Date:</b>
<b>Signature 1:</b>	<b>Printed Name 1:</b>
<b>Signature 2 (if joint account):</b>	<b>Printed Name 2:</b>
<b>Email:</b>	<b>Phone:</b>
<b>LDC/ESI-ID or Account No(s):</b>	
I (we) hereby authorize APG&E to initiate debit entries to my (our) Checking or Credit Account indicated below and the depository named to debit the same such account.	
Method of Direct Debit: <input type="checkbox"/> Checking Account* <input type="checkbox"/> Credit Card (Visa, MasterCard or Discover)	
Checking Account Information (if applicable)	
<b>Name on Checking Account:</b>	<b>Bank Name:</b>
<b>Transit Routing Number:</b>	<b>Bank Account Number:</b>
<b>Billing Address for Checking Account:</b>	<b>City, State and Zip:</b>
Credit Card Information (if applicable)	
<b>Name on Credit Card:</b>	<b>Credit Card Number:</b>
<b>Expiration Date:</b>	<b>CID (Validation Code on back of card):</b>
<b>Billing Address for Credit Card:</b>	<b>City, State and Zip:</b>

**\* PLEASE INCLUDE COPY OF VOIDED CHECK FOR ELECTRONIC FUNDS TRANSFER**