West Coast Gas Company, Inc.

9203 Beatty Drive, Sacramento, CA 95826 (916) 364-4100 / Fax (916) 364-4200 E-mail westgas@aol.com / www.westcoastgas.com

APPLICATION FOR AUTOMATIC BILL PAY

This form authorizes West Coast Gas Co., Inc. to charge my Visa, MasterCard or Debit Account for my monthly Billing Statement Charges. My account will be charged on the *15th* of every month, starting with the next month from my authorization date.

Visa, Mastercard or Debit Card Account Information

Phone		
Address	City, State, Zip	
	Mather, CA 95655	
Customer's Signature	Authorization Date	
I understand that I can cancel this service at anyt	ime with a written letter of notificaion.	
My signature on this form is sufficient authorization	on.	
Customer's Email Address:		
Postal Zip Code of Card Billing		
3 Digit Secuirty Code		
Visa/MasterCard/Debit Expiration Date:		
Visa/MasterCard/Debit Number:		
Customer's West Coast Gas Account Number:		
Customer's Name (as it appears on the card):		

Applications can be returned to West Coast Gas Company Inc. via Email at westgas@aol.com or by mail to: West Coast Gas Company Inc.

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