

UGI Energy Services, Inc
Electronic Funds Transfer Authorization

**This form must be filled out completely and legibly -
PLEASE TYPE (if possible)**

This form only applies to customers using a U.S. Bank Account

Physical Address

Remit To Address

CUSTOMER LEGAL NAME		
HQ STREET ADDRESS		
CITY		
STATE		
ZIP		
FEDERAL ID #		
ACCOUNTS PAYABLE CONTACT		
CONTACT PHONE		
CONTACT FAX		
CONTACT EMAIL		

U.S. Bank Data

BANK NAME	
BANK ABA NUMBER ** OR BANK & TRANSIT NUMBER	
BANK ACCOUNT NUMBER	
CHECKING OR SAVINGS	
BANK PHONE NUMBER	

**** Please return a copy of a canceled or a voided check****

_____ (Customer) does hereby authorize UGI Energy Services, Inc. to initiate debit or credit entries to Customer's bank account indicated above and does further authorize the financial institution named above to debit or credit such entries to the Customer's account.

Please forward this form to:
UGI Energy Services, Inc.
 FAX: 610-373-8386

By: Signature _____

Name: Please Print _____

Title: Please Print _____

Authorization effective this _____ day of _____, 20____.

FOR OFFICE USE ONLY:

MAS200 ID# _____ Natural Gas _____ Liquid Fuels _____

1st Draft due on _____, 20____.