



3000 MEETINGHOUSE RD ▪ TELFORD, PA 18969  
215-723-7429 ▪ 800-223-4266 ▪ FAX 215-723-5103  
WWW.PENNVALLEYGAS.COM

**AUTOMATIC PAYMENT ENROLLMENT FORM**

Dear Customer:

Please fill out the form below and return it to our office in order to have your payment automatically deducted from your credit card or checking account. If you would like to receive a confirmation of your payment once it has been posted to your account, please include your email address.

If you have any questions, please email autopay@pennvalleygas.com or call our office.

Thank you!



**Please enroll me in the Automatic Payment Option!**

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please select a payment option:**

- Option #1: Account Balance on the 10th of every month \*
- Option #2: Monthly Budget Payment on Aug 10 through May 10  
Account Balance on June 10 and July 10 \*

*\* If you have a zero balance, no payment will be deducted*

**Please select the account to be debited:**

- Checking Account (***Please include a voided check with this form***)
- Credit Card (***Visa or MasterCard only***)

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_

Name Printed on Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this form, you authorize Penn Valley Gas, Inc. to deduct your payment amount from your credit card or checking account. A \$25 Returned Payment Fee will be posted to your account if a monthly payment is denied for any reason. You may cancel this agreement at anytime by giving written notification.*