

New Commonwealth Natural Gas

AUTHORIZATION PERSON FORM

Authorized Person on Service Account:

Name of Service Customer: (last name, first name)

Service Address:

Service Account #: _____

Authorization is being given to:

Name: _____

Address: _____

Phone: _____

DL# (used for verification purposes): _____

Relationship with Service Account Holder:

Parent/Guardian/Other (please list): _____

By signing this agreement, I am authorizing the above individual(s) to have access to my account with New Commonwealth Natural Gas (NCNG). This shall include but not be limited to the following:

Service status and information, billing and payment questions, and bank information for purpose of setting up or taking off bank draft.

I also understand that the above stated individual(s) shall be allowed access until I remove them.

Signature (service customer) _____ Date: _____

Signature (authorized user) _____ Date: _____