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Cancellation Form for Auto Pay and/or Budget Billing

Date: _____

ENSTAR Natural Gas Account Number (s): _____

Account Name/Customer Name: _____

Date of last billing: _____

Please initial the action requested:

_____ **Please cancel/remove the above account(s) from Auto Pay.** I understand if I have provided this to ENSTAR within three (3) business days of the bill due date, one more payment will be drafted from my financial institution prior to the cancellation taking effect, otherwise no further payments will be drafted from my financial institution.

_____ **Please remove the above account(s) from the Budget Billing Plan.** I understand that any unpaid balance will be charged to my account and due in full with my next bill, and future billings will represent actual usage. Any existing credit balance shall be applied to my current bill. If there is a credit balance in excess of the amount due on the next bill, I will be given the option to have it credited against future bills or refunded (within twenty-five days) if I so request. This account will not be eligible for enrollment into the Budget Billing Plan until the next open enrollment period (April 1 thru June 30) and eligibility requirements are met.

Customer's Signature: _____ Title: _____

ENSTAR Rep: _____ Date: _____

Internal processing – do not write in this area

Completed: _____ By: _____ Date: _____

Notes: _____

You may scan and email this form to **cs@enstarnaturalgas.com** or fax it to your local ENSTAR office.