



GCUD

GIBSON COUNTY UTILITY DISTRICT

Distributor of Natural Gas

EMAIL BILLING

Date _____

Acct Name _____

Rt/Account # _____

Customer # _____

Email Address _____

Add/Remove/Change

Paper Bill? Yes/No

Billing Cycle:

Taken by:

THIS FORM IS DESIGNED FOR CUSTOMERS TO HAVE THEIR GCUD STATEMENTS EMAILED RATHER THAN MAILED TO THEM, MONTHLY. PLEASE FILL OUT THE TOP PORTION AND GIVE TO THE CSR ASSIGNED TO ENTER THE EMAIL ADDRESS INTO UMS FOR PROCESSING. IF MORE THAN ONE EMAIL IS REQUESTED, PLEASE ENTER THEM ALL. THANKS