

**DIRECT STOCK PURCHASE PLAN
FOR SHARES OF
ATMOS ENERGY CORPORATION
ENROLLMENT APPLICATION**

Please enroll this account as follows:

Check one box only ().

If you do not check any box, then **FULL DIVIDEND REINVESTMENT** will be assumed.

FULL DIVIDEND REINVESTMENT

Reinvest all dividends for this account.

PARTIAL DIVIDEND REINVESTMENT

Reinvest dividends on _____ shares held by me in certificate form and pay dividends in cash on all remaining shares held by me in certificate form and on all shares held by the Plan Administrator.

OPTIONAL CASH INVESTMENTS ONLY (NO DIVIDEND REINVESTMENT)

All dividends will be paid in cash.

I (We) hereby appoint American Stock Transfer & Trust Company as my (our) agent under the terms and conditions of the Plan, as described in the Prospectus of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of Atmos Energy Corporation Common Stock as indicated below.

NO INTEREST WILL BE PAID ON THE FUNDS HELD PENDING INVESTMENT.

ACCOUNT INFORMATION

- SINGLE/JOINT:** Joint account will be presumed to be joint tenants with right of survivorship unless restricted by applicable state law or otherwise indicated. The Social Security Number of the first-named tenant is required.
- CUSTODIAL:** A minor is the beneficial owner of the account with an adult custodian managing the account until the minor becomes of age, as specified in the Uniform Gift to Minors Act in the minor's state of residence. The minor's Social Security Number is required.
- TRUST:** Account is established in accordance with the provisions of a trust agreement.

This form, when completed and signed, should be mailed with your check in the blue envelope provided. Please affix postage to ensure proper processing. If you do not have the envelope, mail your check and the form to:

**Atmos Energy Corporation
c/o American Stock Transfer & Trust Company
P.O. Box 922, Wall Street Station, New York, New York 10269-0560
Attn: Direct Stock Purchase Plan**

If your name is preprinted above, it is for mailing purposes only. Please complete one of the boxes below for the exact account registration.

ACCOUNT LEGAL REGISTRATION (CHOOSE ONE):

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER

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I hereby warrant, under penalty of perjury, that the number provided above is correct.

<input type="checkbox"/> SINGLE/JOINT ACCOUNT _____ Name _____ Joint Owner (if any) _____ Joint Owner (if any)	<input type="checkbox"/> CUSTODIAL ACCOUNT _____ Custodian's Name _____ Minor's Name _____ Minor's State of Residence	<input type="checkbox"/> TRUST ACCOUNT _____ Trustee Name _____ Trust Name or Beneficiary _____ Date of Trust
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ACCOUNT ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE(S) _____
All Joint Owners Must Sign

ATTACHED IS A CHECK FOR \$

MINIMUM INITIAL INVESTMENT IS \$1,250 FOR NEW INVESTORS AND FOR SHAREHOLDERS OWNING FEWER THAN 50 SHARES. MAXIMUM INVESTMENT IS \$100,000 PER CALENDAR YEAR.

COMPLETE THIS PART ONLY IF YOU WANT AUTOMATIC MONTHLY DEDUCTIONS

I (We) hereby authorize American Stock Transfer & Trust Company to make monthly automatic transfers of funds from the checking or savings account in the amount stated below. This monthly deduction will be used to purchase shares of Atmos Energy Corporation Common Stock for deposit into my (our) Atmos Energy Corporation account.

1. Indicate the Type of Account: Checking or Savings.
2. Print the complete Bank Account Number.
3. Print the name on Bank Account as it appears on your bank statement.
4. Print the complete name of your financial institution, including the branch name and address.
5. Print the ABA Number (Bank Number) from your check or savings deposit slip.
6. Amount of automatic monthly deduction: Indicate the monthly amount authorized to be transferred from your account. The minimum is \$25 per month and the maximum is \$100,000 per calendar year from your checking or savings account to purchase Atmos Energy Corporation Common Stock.

Signature(s) _____

 Date _____ Daytime Phone Number _____

Please enclose a copy of a VOIDED check or savings deposit slip to verify banking information.

FILL IN THE INFORMATION BELOW FOR STOCK PURCHASES USING AUTOMATIC MONTHLY DEDUCTIONS.

Please Print All items

1. Type of Account Checking Savings

2. _____

Bank Account Number

3. _____

Name of Bank Account

4. _____

Financial Institution

Branch Name

Branch Street Address

Branch City, State and Zip Code

5. _____

ABA Number

6. \$ _____

Amount of automatic deduction

PLEASE CONFIRM ITEMS 2 AND 5 WITH YOUR BANK PRIOR TO SUBMITTING THIS APPLICATION.

Name on Bank Account

Financial Institution and Branch information

JOHN A. DOE
 MARY B. DOE
 123 YOUR STREET
 ANYWHERE, U.S.A. 12345

PAY TO THE ORDER OF _____

First National Bank
 of Anywhere
 123 Main Street
 Anywhere, U.S.A. 12345

FOR _____

63-858
670

\$ []

DOLLARS

SAMPLE (NON-NEGOTIABLE)

⑆07⑆0000⑆3⑆ 123456789⑈

ABA Number

Bank Account Number