

GTS DIRECT PAYMENT AUTHORIZATION FORM

Effective Date ____ / ____ / ____

COLUMBIA GAS CUSTOMER INFORMATION:

Name

Service Address

City, State Zip

PCID Number

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Sequence

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Invoice Group Number *(if available)*

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☐ Establish New Account

☐ Cancel Account

CUSTOMER, AS NAMED ABOVE (CHECKING ACCOUNT HOLDER), AUTHORIZE MY BANK TO MAKE MONTHLY GAS PAYMENTS ON THE ACCOUNT LISTED ABOVE, DIRECTLY TO COLUMBIA GAS, AND POST THEM TO MY BANK ACCOUNT.

BANK NAME

BANK ADDRESS

BANK ROUTING TRANSIT NO.

CHECKING ACCOUNT NO.

AUTHORIZED SIGNATURE _____

(print name here)

COLUMBIA USE ONLY:

| | | |
|---|--------------|-------------------------|
| Loc. Number : | Unit / Book: | PSID: |
| Columbia Co <i>(circle one)</i> : CKY COH CMD CPA CGV | | Coding: DIS () GTS () |