

SIGN UP FOR DIRECT PAYMENT

Please complete ALL sections, sign and return this form:

I authorize the company(ies) indicated to instruct my banking/savings institution to make my payments from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the biller.

(PLEASE PRINT)

Name (as shown on bill) _____ Date _____

Service Address _____ City _____ State _____

SIGNATURE _____ Phone _____ Zip Code _____

Account Information (Bank, Savings & Loan, Credit Union)

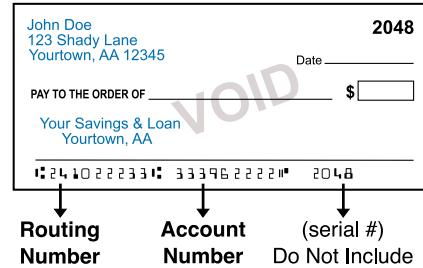
Enter the **Routing Number**, **Account Number** and **Financial Institution** name from your check or share draft. (See sample right)

Routing Number

--	--	--	--	--	--	--	--

Account Number _____

Financial Institution _____



PLEASE ALLOW 4-6 WEEKS

>>> Biller #, biller name and account # are required to process application <<<

BILLER #

PRINT NAME OF BILLER

BILLER'S ACCOUNT #

123

ABC Company

1-234-5678-9

(EXAMPLE)

(EXAMPLE)

(EXAMPLE)

(CABLE)

(ELECTRIC)

(GAS)

(TELEPHONE)

(WATER)

BILLER #	PARTICIPANT
101	Columbia Gas of Pennsylvania

SEND TO:

Direct Payment Plan
P.O. Box 359
Novelty, OH 44072

ENROLL AT:

WWW.DIRECTPAYMENTPLAN.COM

OR FAX TO:

440-564-1169