

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 _____

John Doe
123 Shady Lane
Yourtown, AA 12345

2048

Date _____

PAY TO THE ORDER OF _____ \$

Your Savings & Loan
Yourtown, AA

⑆ 24 10 2 2 2 3 3 ⑆ 3 3 3 9 6 2 2 2 2 ⑆ 2048

↓

**Routing
Number**

↓

**Account
Number**

↓

(serial #)
Do Not Include

Biller Information (Participating billers are listed below)

PLEASE ALLOW 4-6 WEEKS

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

BILLER #	PRINT NAME OF BILLER	BILLER'S ACCOUNT #
123 <small>(EXAMPLE)</small>	ABC Company <small>(EXAMPLE)</small>	1-234-5678-9 <small>(EXAMPLE)</small>
_____	_____	_____
_____	(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