

**Authorization to a Third Party
in the Selection of a
Natural Gas Supplier**

Dear Columbia Gas of Pennsylvania,

Please give the individual named below the authority to select or change my Natural Gas Supplier at the following service address:

Account holder's Name
(required)

Service Address

City

State

Zip Code
(required)

Zip Code ext.
(required)

Account Number
(required)

I hereby authorize _____, to act on my behalf in the selection or change of my Natural Gas Supplier.

I understand that the person listed above may enter into written or verbal agreements with a Natural Gas Supplier without any further consent and that I am responsible for any charges that may incur. I understand that I may cancel this authorization at any time by contacting Columbia Gas of Pennsylvania at P.O. Box 910, Smithfield, PA 15478. Cancellation requests are to be made in writing and **must include** the following: account number, zip code plus four-digit extension, signature of the account holder and date the request is being made.

Signature
(required)

Date
(required)

Please mail to:
Columbia Gas of PA
P.O. Box 910
Smithfield, PA 15478