

ZipCheck Authorization Form

1. Complete all information on the authorization form below.
2. Mail to:
Columbia Gas of Pennsylvania/Columbia Gas of Maryland, P.O. Box 9016, Endicott, NY 13761-9016

Name (as shown on your bill)		Columbia Gas account number	
Address	City	State	Zip code
Day ()	Evening ()		
Telephone number			

I, _____, on _____ authorize my financial institution
(Signature of account holder) (Date)

to make monthly payments to Columbia Gas and post them to my bank account. I understand that I control my payment. If at any time I decide to discontinue the ZipCheck direct payment service, I will notify Columbia Gas. Confirmation of my enrollment will appear on my gas bill.

Please withdraw payments from my checking savings account.

_____ Name of financial institution	_____ Bank routing number	_____ Checking/savings account number
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