

**ONLINE REQUEST FORM FOR
AUTOMATIC DEBIT PAYMENT SERVICE**

To sign up, please type or legibly print the information requested, **Print the form and mail it with a voided check or personalized deposit slip to:**

Columbia Gas of PA/MD
P.O. Box 910
Smithfield, PA 15478.

First Name:

Middle Initial:

Last Name:

Columbia Gas Account Number:

Service Address:

City:

State:

Zip Code:

Phone Number:

E-Mail:

I, _____ (checking account holder), **AUTHORIZE MY FINANCIAL INSTITUTION TO MAKE MONTHLY GAS PAYMENTS DIRECTLY TO COLUMBIA GAS OF PA/MD AND POST THEM TO MY BANK ACCOUNT. I UNDERSTAND THAT I CONTROL MY PAYMENT, AND IF AT ANY TIME I DECIDE TO DISCONTINUE THE AUTOMATIC PAYMENT DEBIT SERVICE, I WILL NOTIFY COLUMBIA GAS.**

Bank Name:

Checking Account Number:

Bank Routing Number:

New Banking Information:

Revised Banking Information: