

# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

## INDIANA NATURAL GAS CORPORATION

**CUSTOMER NAME**

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**INDIANA NATURAL GAS CUSTOMER NUMBER:**

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I (WE) HEREBY AUTHORIZE **INDIANA NATURAL GAS CORPORATION**, HEREINAFTER CALLED **COMPANY** TO INITIATE DEBIT ENTRIES TO MY (OUR)  **CHECKING**  **SAVINGS** ACCOUNT (SELECT ONE) INDICATED BELOW AT THE DEPOSITORY NAMED BELOW, HEREINAFTER CALLED **DEPOSITORY**.

DEPOSITORY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT ROUTER/ABA NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

NOTE: IF YOU ARE UNSURE OF THIS INFORMATION, SEND US A VOIDED CHECK FROM THE ACCOUNT AND WE CAN GET THE CORRECT BANK, ROUTING, AND ACCOUNT NUMBER FROM IT.

REOCCURRING:  **MONTHLY**  **OTHER** \_\_\_\_\_

TYPE OF DEBIT:  **VARIABLE**  **FIXED** \$ \_\_\_\_\_

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **COMPANY** AND **DEPOSITORY** HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR AUTHORIZED PERSON) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD **COMPANY** AND **DEPOSITORY** A REASONABLE OPPORTUNITY TO ACT ON IT.

NAME(S) PRINTED:

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TITLE (IF BUSINESS ACCOUNT):

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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Please print the authorization form and bring to one of our offices, or  
mail to:

**Indiana Natural Gas Corp.**  
P.O. Box 450  
Paoli, IN 47454  
OR Fax to (812) 723-2188