

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

**INDIANA NATURAL GAS CORPORATION**

**CUSTOMER NAME** \_\_\_\_\_

**IND. NAT. GAS CUST. NUMBER:** \_\_\_\_\_

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

DEPOSITORY NAME(BANK INFO) \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

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

**\*\*IF YOU DO NOT HAVE A VOIDED CHECK PLEASE VERIFY THE INFORMATION ENTERED ABOVE IS CORRECT AND INITIAL HERE** \_\_\_\_\_.

**\*\*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: \_\_\_\_\_

TITLE (IF BUSINESS ACCOUNT): \_\_\_\_\_

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

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

**\*\*DEBIT ENTRIES WILL BE PROCESSED ON THE 13<sup>TH</sup> OF EVERY MONTH, OR THE BUSINESS DAY AFTER IF THE 13<sup>TH</sup> FALLS ON A WEEKEND/HOLIDAY\*\***  
Please print, fill out, and mail to ING, PO Box 450, Paoli, IN 47454