



OHIO VALLEY GAS DIRECT DEBIT PAYMENT PLAN

If you are not already participating in our Direct Debit Payment Plan, we invite you to consider having your natural gas bill paid each month through an automatic deduction from your checking or savings account. This Plan eliminates the need to write a monthly check, to mail or deliver your payment to us, and the possibility of incurring a late-payment fee due to our receipt of your payment after the Due Date.

Under this Plan, you will continue to receive a monthly natural gas bill so that you will know, in advance, the amount to be deducted from your account. The withdrawal from your designated account will be made on the Due Date as printed on your monthly natural gas bill or on the first banking day AFTER the Due Date should the Due Date be a non-banking day.

To enroll, fill out the Direct Debit Payment Plan Enrollment Form below, fold, and return with your current monthly payment. To assist in the verification of your account information, please include a voided check if you are designating a checking account; a deposit slip if you are designating a savings account; or ask your financial institution for assistance in completing this Enrollment Form. This information will be maintained in the strictest of confidence.

PLEASE CONTINUE TO MAKE YOUR MONTHLY NATURAL GAS BILL PAYMENTS UNTIL YOU ARE ADVISED THAT WE HAVE COMPLETED VERIFICATION OF YOUR FINANCIAL INSTITUTION INFORMATION.

OHIO VALLEY GAS DIRECT DEBIT PAYMENT PLAN ENROLLMENT FORM

OHIO VALLEY GAS CUSTOMER INFORMATION

Customer Name (AS SHOWN ON BILL)

Service Address (AS SHOWN ON BILL)

City

State Zip Code

Ohio Valley Gas Customer Number

Telephone Number

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution

ABA Transit Routing No.

Account Number

Checking Account ____ Savings Account ____

Please be sure to enclose a voided check for the checking account; a deposit slip for the savings account.

Telephone Number

AUTHORIZATION: I authorize Ohio Valley Gas to instruct my bank, savings & loan, or credit union to pay my total monthly natural gas bill from my checking or savings account listed above. I understand that I control my payments. If at any time I decide to discontinue this payment service, I will notify Ohio Valley Gas in such time and manner to afford the Company reasonable opportunity to revise their records accordingly. Discontinuance of the Direct Debit Payment Plan shall not affect any amounts owed by me to the Company.

SIGNATURE _____

DATE _____