



CORNING

NATURAL GAS CORPORATION

330 West William St., P.O. Box 58, Corning, NY 14830
Phone: 607.936.3755 Fax: 607.936.4316

REQUEST FOR EFT (Electronic Funds Transfer) PAYMENT of Corning Natural Gas Utility Bill

Corning Natural Gas Account Information:

Customer Number _____

Account Number _____

Customer telephone Number _____

Plan Type (Budget or Balance Due) _____

Customer Banking Information:

Bank Account Type (checking or savings) _____

Banking Institution Name _____

Bank Branch Number (Routing Number) _____

Bank Account Number _____

Customer Name on Bank Account _____

By providing this information to Corning Natural Gas Corporation, you are requesting that the payment of the **TOTAL BALANCE DUE** on your Corning Natural Gas utility bill (unless you are on an approved budget payment plan) will be direct debited from the bank account listed above and applied to your Corning Natural Gas account, on your due date.

Your signature below is the Company's authorization to apply the **TOTAL BALANCE DUE** payment each month, until you have directed the Company, in writing, to stop the electronic funds transfer from your bank account.

Name on Corning Natural Gas Account

Signature

Date