



# 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