



**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 ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT  
to  
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, OR your approved budget payment will be direct debited from the bank account listed above and applied to your Corning Natural Gas account on your due date, effective on your next billing cycle.

Your signature below is the Company's authorization to apply the **TOTAL BALANCE DUE** OR your budget billing 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