



AUTHORIZATION AGREEMENT FOR DIRECT DEBITS
(ACH DEBITS)

Dear Customer,

We are now offering an ACH Debit option for paying your bills. This option would charge your bank account automatically every month for your natural gas bill. If you are interested in this payment option please fill out the information below and mail it to Sycamore Gas Co, 1155 East Eads Pkwy, Greendale, IN 47025 or fax it to 812-537-3731. We are looking to implement this option beginning in November 2011. Please call us with any questions at 812-537-1921.

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)	
Company Name	Company ID Number
<u>Sycamore Gas Company</u>	_____
I (we hereby) authorize <u>Sycamore Gas Company</u> hereinafter called COMPANY, to initiate debit entries to my (our) <input type="checkbox"/> Checking <input type="checkbox"/> Savings account <input type="checkbox"/> (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.	
DEPOSITORY NAME _____	BRANCH _____
CITY _____	STATE _____ ZIP _____
ROUTING NUMBER _____	ACCOUNT NO. _____
The authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) 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) _____	BOOK & ACCT # _____
(Please Print)	
PHONE # _____	
DATE _____	SIGNED X _____ SIGNED X _____
NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	