



**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, the mailing or delivering of the 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 bank account will be on the Due Date, as printed on your monthly natural gas bill, or 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 this notice, fold, and return with your content monthly payment. To assist in the verification of your banking information that you provide, 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 the 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	FINANCIAL INSTITUTION INFORMATION
_____	_____
Customer Name <i>(as shown on bill)</i>	Name of Financial Institution
_____	_____
Service Address <i>(as shown on bill)</i>	ABA Transit Routing No.
_____	_____
City	Account Number
_____	Checking Account ____ Savings Account ____
State	<i>Please be sure to enclose a voided check for the checking account; a deposit slip for the savings account.</i>
_____	_____
Zip Code	Telephone Number
_____	_____
Ohio Valley Gas Customer Number	_____
_____	_____
Telephone Number	_____

AUTHORIZATION FORM: I authorize Ohio Valley Gas to instruct any 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 act. Discontinuance of the Direct Debit Payment Plan shall not affect any amounts owed by me to the company.

Signature

Date