

AUTHORIZATION FOR ELECTRONIC DEPOSIT (ACH)

Please complete and return to Choice@nisource.com along with your current W9.

This ACH information applies to the NISOURCE company below (Check all that apply)

- Columbia Gas of Ohio
- Columbia Gas of Pennsylvania
- Columbia Gas of Virginia
- Columbia Gas of Kentucky
- NIPSCO

Supplier/Company Name: _____
Supplier Remit address: _____
Supplier Remit City/State/Zip: _____
Contact Person Name: _____
Contact Person Phone Number: _____
Email Address (Remittance Notification): _____
Tax Identification #: _____
Depository Bank Name: _____
Bank Address: _____
Bank Phone Number: _____
Bank ABA (Transit Routing Number): _____
Bank Account Number: _____

Please check one:

- Checking
- Savings

Depository Information: If there are any changes to this, notify us immediately.

I (We) authorize NiSource and/or its affiliates (Company), to credit my (our) account with the depository named above. This authority is to remain in effect until NiSource and/or its affiliates has received written notification from me (us) of its termination, and such manner as to afford reasonable time to act on it. In the event that Company erroneously credits my (our) accounts, Supplier agrees that the erroneous credit can be corrected by Company through an appropriate adjustment made to Supplier's bill during the next billing cycle after Company or Supplier become aware of the erroneous credit.

Signature: _____
Printed Name: _____
Title: _____
Date: _____