

ILLINOIS GAS COMPANY
1927 MILLER DR PO BOX 490. OLNEY. IL 62450

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Account No: _____

E-Mail Address: _____

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing/Transit No: _____

Name on Account: _____

Account Type (circle one): **CHECKING** / **SAVINGS**

Account No: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Illinois Gas Company to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Illinois Gas Company will revoke this authorization.

Illinois Gas Company reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Please provide a voided check for banking verification purposes.

Print Authorized Name

Authorized Signature

Date