

NORTHERN INDIANA FUEL & LIGHT CO., INC.
AUTOMATIC BANK DEDUCTION (ABD) AUTHORIZATION

CUSTOMER INFORMATION

NIF&L ACCOUNT NUMBER (as it appears on your gas bill)

NAME ON NIF&L GAS ACCOUNT

YOUR SERVICE ADDRESS

CITY

STATE

ZIP CODE

BANKING INFORMATION

TYPE OF ACCOUNT:

CHECKING

SAVINGS

ACCOUNT NUMBER _____

NAME OF YOUR BANK OR CREDIT UNION (please print)

BANK OR CREDIT UNION ROUTING NUMBER (9 digits)

YOUR NAME AS SHOWN ON FINANCIAL INSTITUTION RECORDS

WITHDRAW FUNDS AFTER BILLING:

7 DAYS

17 DAYS

() -

HOME PHONE NUMBER

() -

WORK PHONE NUMBER

YOUR SIGNATURE AS SHOWN ON FINANCIAL INSTITUTION RECORDS

DATE

INSTRUCTIONS

1. Please complete this Automatic Bank Deduction Authorization Agreement form.
2. If you are paying with your checking account, *please provide a voided check from your Checking account so we may verify your account number.*
3. Mail the completed form to:

Northern Indiana Fuel & Light Co., Inc.
Billing Supervisor
P.O. Box 526
Auburn, IN 46706-0526