AUTHORIZATION FOR ELECTRONIC DEPOSIT (ACH)
For NiSource and all NiSource Subsidiaries

Supplier/Company Name: _____

Supplier Remit Address: _____

Supplier Remit City/State/Zip: _____

Contact Person: _____

Phone # for Contact Person: _____

Email Address: _____

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. If the Company erroneously deposits funds into the account, I (we) authorize the Company to initiate the necessary debit entries, not to exceed the total of the original amount credited erroneously. 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. I understand that by the terms of this agreement, if an email address is not provided, I (we) will not receive remittance advices but will refer to my (our) bank statements for the record of receipt.

_____	_____	_____
Signature	Printed Name/Title	Date
_____	_____	_____
Signature	Printed Name/Title	Date