



Natural Gas from the local producer to you.

Phone (330) 682-4144
Fax (330) 682-4145
Emergency (330) 682-0544
www.cgcoho.com

ACH DIRECT PAYMENT CHANGE FORM

Bank Change Notification

Financial Institution Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Checking / Savings

Account Number _____

You must notify Consumers Gas Cooperative (CGC) prior to the 15th day of the month if your financial institution, account routing number or account number changes. A \$25 fee will be charged if you fail to notify CGC of these changes.

A voided check must accompany the request to change the routing or account number.

Cancellation Notification

_____ Stop / Terminate future ACH direct payments to Consumers Gas Cooperative.

Notifications received prior to the 15th day of the month will be effective in the month received.

Name (s) _____
(Please Print)

CGC ID# _____

Date _____

Signature _____