



*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 10<sup>th</sup> 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 \_\_\_\_\_