

DIRECT DEBIT FORM



I/We hereby authorize Central Florida Gas to direct debit my/our account 15 days after my/our bill date. I/We understand that Central Florida Gas reserves the right, upon written notification, to terminate this payment option. I/We may also terminate this payment option if not completely satisfied. I/We understand that my/our account may be subject to an additional charge if my/our payment is rejected, reversed or refused by Central Florida's financial institution. The withdrawal will show one of the following or a similar call to CFG's parent company, Chesapeake Utilities Corporations: - Chesapeake - CHPK - CPK

My/Our gas bill should be deducted from my/our: Checking (Enclose a voided check) Savings account as follows: (Enclose a deposit slip)

Name on account Bank Name:

Name on account Bank Phone:

Address Bank's Address

City State Zip City State Zip

Daytime Phone Bank Account# Bank Transit/ABA#

Central Florida Account # Signature of bank account holder(s)

Date Signature of bank account holder(s)

BEFORE YOU MAIL THIS FORM, DID YOU REMEMBER TO...

- Enclose a voided check?
- Make sure that you included your Central Florida Gas account number?
- Include all names associated with the account?
- Sign and date the above form?
