

ZapCheck Enrollment

To sign up for ZapCheck, return this form along with a voided check or savings account deposit slip.

Mail to Kokomo Gas Consumer Programs, 801 E. 86th Ave., Merrillville, IN 46410.

I authorize Kokomo Gas and the financial institution listed below to transfer (debit) money from the indicated checking or savings account for payment of my Kokomo Gas bill. I will continue to pay my bill by check until I am notified that my ZapCheck service has started. I have read and understand the ZapCheck service agreement on the reverse side.

Customer Name

Your Kokomo Gas Account Number

Service Address (Street/City/ZIP Code)

Mailing Address (if different)

Daytime Phone Number

Is this a Credit Union? Y N

Financial Institution

Address (Street/City/State/ZIP Code)

Checking Account Savings Account

Routing Number

Account Number

Authorized Signature

Date

Please choose (and check) one of the following: Withdraw payment from any account 5 days before due date. Withdraw payment from my account on due date.

Forms that are not complete or do not include a voided check or deposit slip will not be processed or returned.