

# Methods of Payment

OCGC Customer Account # \_\_\_\_\_

Ohio Cumberland Gas Company offers 4 convenient methods to pay your bill. Note that all bills are due on the "Due Date" listed on the actual bill. Amounts not paid could result in disconnecting your gas service.

## By Automatic Bank Transfer

Your gas bill can be conveniently deducted from your checking or savings account each month. To register complete the form Automatic Transfer Agreement below and return it along with a voided check or deposit slip with the bank routing number and your account number to Ohio Cumberland Gas Company. Please allow 30 days to get your account set up for this option.

Your bill will be marked in the upper right-hand corner "Memo Bill - Do Not Pay BANK TRANSFER". The Amount Due will be withdrawn from your bank account on the bill due date each month.

## By Bill Pay

Using your personal online bank's features, you can create a "Payee" Ohio Cumberland Gas Company to create one time or recurring payments. Your bank will take care of sending the funds. In setup, be sure to include your Ohio Cumberland Gas account # and use the following mailing address:

Ohio Cumberland Gas Company  
P.O. Box 230  
Mt Vernon, OH 43050

## By Mail

Our mailing address for payment is:

Ohio Cumberland Gas Company  
P.O. Box 230  
Mt Vernon, OH 43050

## In Person

Our office is located at 20718 Danville-Amity Road, Mount Vernon, Ohio. Office hours are 8:00 a.m. to 4:30 p.m., Monday through Friday, except holidays. There is a drop box at the front door for payments, also.

**NOTE: We do not accept Debit or Credit Cards**

**Please call with questions you may have regarding any of these payments.**

## AUTOMATIC TRANSFER AGREEMENT - Complete and return to Ohio Cumberland Gas Company

I authorize Ohio Cumberland Gas Company and the financial institution listed below to initiate electronic transfers in the payment of my natural gas bill each month. This authority will remain in effect until I have cancelled it in writing.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Effective Date to begin ACH

Checking Account

Savings Account

\_\_\_\_\_  
Customer Name (please print)

\_\_\_\_\_  
Customer Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**>>RETURN FORM WITH A VOIDED CHECK <<**