

DATE:				
Name:		_ МЕТ	TER NO:	
		- ACCOUNT NO:		
Address:		-	VICE ADDRESS:	
Subject: Automatic	Transfer Request			
requested informatio				on provided below, fill in the I have any questions or need
Please read the follo	wing statements:			
		- :	les Natural Gas to automat property listed on this agre	ically transfer the gas bill to my ement.
	_			sfer is performed. I understand ylvania Public Utilities Commission.
	at an automatic transfer he gas meter, theft or fr		med if a tenant's service is	shut off for non-payment of a bill,
4. I understand th		can cancel this agre	eement if I fail to pay any u	ndisputed bills which result from
	s agreement I must notif	•	roperty, need to add or del writing at: P.O. Box 535323	lete properties or wish to 3, Pittsburgh, PA 15253-5323 or fax
Signature:			Date:	
Landlord Name:				
Home Address:				
Billing Address:				
Social Security Num	ıber:			
Phone Number: (_))	_ () Home or () Cell	
Work Phone Numb	er: ()	_		
Address to be auto	matically transferred (Attach additiona	I sheet if necessary):	
Street Ac	ddress	Apt/Floor	City/State/Zip	
Street Address		Apt/Floor	City/State/Zip	

Peoples Natural Gas