



# Employee Authorization Agreement For Direct Deposit of Payroll

I hereby authorize NiSource Inc., and any of its eligible subsidiary companies and the Financial Institution(s) designated below to process credit entries for my payroll check and any necessary adjustments to the accounts designated below.

Funds are deposited to each account in priority order. If net pay is insufficient to fund all accounts, each individual account will be funded in the priority order starting with #1. An account(s) marked as "Partial Allowed" will be funded up to the dollar amount that you fill in. One account (the last account listed), must be marked as "Excess." No dollar amount need be indicated for the "Excess" account, since it will be funded with all remaining net pay. The "Excess" account will also be used by Accounts Payable to deposit expense reimbursements for employees of the following companies: NiSource Corporate Services, TCO, Gulf, COH, CPA, CMD, CKY and CVA.

Please attach a "VOIDED" CHECK for each checking account that you list below.

Priority	Financial Institution Information	Distribution	Account Type
1.	Transit # Account # Financial Institution	<input type="checkbox"/> Excess <input type="checkbox"/> Partial Allowed	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Dollar Amount	\$	
2.	Transit # Account # Financial Institution	<input type="checkbox"/> Excess <input type="checkbox"/> Partial Allowed	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Dollar Amount	\$	
3.	Transit # Account # Financial Institution	<input type="checkbox"/> Excess <input type="checkbox"/> Partial Allowed	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Dollar Amount	\$	

This is a  New Application  Change Application  
(When making a "Change application," list ALL accounts, even those that are not changing)

I understand that this Direct Deposit Authorization will remain in effect until I provide NiSource Inc. a written notice signed by me terminating this agreement.

Name (Print)

Employee Signature

Date

Employee ID Number

Daytime Phone

Social Security Number

PLEASE SEND THE COMPLETED FORM WITH APPROPRIATE ATTACHMENTS TO:  
NiSource Inc., Attn: Payroll Department, 801 E. 86<sup>th</sup> Avenue, Merrillville, IN 46410  
OR by Fax at: (219) 647 - 6197