

# NiSource

Delivering life's essential resources

## 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.

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

Priority	Financial Institution	Distribution	Account Type
1. Transit#	_____	___ Excess	___ Checking
Account#	_____	___ Partial Allowed	___ Savings
Financial Institution	_____		
	Dollar Amount \$	_____	
2. Transit#	_____	___ Excess	___ Checking
Account#	_____	___ Partial Allowed	___ Savings
Financial Institution	_____		
	Dollar Amount \$	_____	
3. Transit#	_____	___ Excess	___ Checking
Account#	_____	___ Partial Allowed	___ Savings
Financial Institution	_____		
	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

Social Security Number

**Please send the completed form with appropriate attachments to:**

**Nisource Inc., Attn: Payroll Dept., 801 E. 86<sup>th</sup> Ave., Merrillville, IN 46410**

*Retention Period*  
*Retain Until Cancelled*

Direct Deposit Authorization

A- Initial Authorization  
C- Change existing information  
D- Discontinue Direct Deposit

**Payroll Use**

P/R Effective Date \_\_\_\_\_  
1-Corporate \_\_\_\_\_  
2- Allegheny Power \_\_\_\_\_  
3- Supply \_\_\_\_\_

---

Employee No.	Name (print last, first, middle initial)	Location	Business/Group/Team
--------------	--	----------	---------------------

---

I authorize the deposit of my pay to the financial institution(s) indicated. For verification of bank numbers, attach deposit slips(s) or voided check(s) if available. If not available, contact your financial institution for a bank transit number and account number.

If the Company notifies the financial institution that funds have been deposited to my account in error, I authorize the financial institution to debit my account without my prior consent in an amount equal to such error, to repay these funds to the Company and notify me of such debit.

Information is required to request a direct deposit. This will be the default for the remaining balance of your net pay. You may select to have either a flat dollar amount or a percentage deposited into another account by completing item(s) 1 and/or 2 below.

Bank Transit No. Account No. Checking/Savings

Financial Institution Flat Amount or Percentage

Address (Street, City, State, Zip Code)

1.

Bank Transit No. Account No. Checking/Savings Financial Institution

Address (Street, City, State, Zip Code) Deposited

2.

Bank Transit No. Account No. Checking/Savings Financial Institution

Address (Street, City, State, Zip Code) Deposited

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Routing: Requestor routes original and 1 copy to Payroll. Transaction is affective as of the date completed above by payroll when copy of form is returned.