

DIRECT DEPOSIT REQUEST FORM

I authorize CNX Gas Company LLC, and its affiliates, to send my money via Electronic Funds Transfer (Direct Deposit via ACH). This authorization is to remain in force until the company has received written authorization from the undersigned terminating or changing this authorization.

	Request Change	
Owner Name:		
Owner Number:	SS#/Tax ID:	
Phone Number:	Email Address:	
omplete the following information ar	nd attach a VOIDED CH	ECK:
nancial Institution Name:		
inancial Institution Address:		
outing Number (9 digits):		
		•
ame of Account Holder:		•
ccount Type (check only one):	□ Checking	□ Savings
ccount Type (check only one): gnature: Voided Check	□ Checking	□ Savings Date:
ccount Type (check only one): gnature:	□ Checking	□ Savings Date:
gnature:	- Checking	□ Savings Date:
gnature: Voided Check NAME ADDRESS OITY, STATE ZIP	□ Checking	□ Savings □ Date:
gnature: Voided Check NAME ADDRESS CITY, STATE ZIP HANK NAME ADDRESS CITY, STATE ZIP FOR	□ Checking	Date:

**In lieu of a voided check you may provide a letter from your bank detailing the account information above.

Once you enroll in Direct Deposit you will no longer receive your payment detail by mail. You can view and print your detail online or have your detail emailed to you by establishing an account online with EnergyLink: https://app.energylink.com/default.aspx.

Please Mail or Email completed forms to:

CNX Gas Company LLC

1000 Horizon Vue Drive Canonsburg, PA 15317-6523

E-mail: LandRecords@cnx.com