



National Fuel[®]
Supply Corporation

IMBALANCE RESOLUTION METHODOLOGY FORM

Email to GasAccounting_Supply@natfuel.com
Call 716-857-6978 with Questions

Please note handwritten forms will not be accepted.

Account Name: _____

Account Number: _____

Authorizing Name (Print): _____

I certify that all information on this form is true and accurate, and have the proper authority to complete this form on behalf of my company. (Must be Security Administrator or listed under Imbalance Resolution with NFGSC)

Signed Date: _____

Contact Phone: _____

Please choose one of the following types of Imbalance Resolution Methods:

In Kind _____ Cashout _____

Do you wish to post your Imbalance on the NFGSC Imbalance Exchange Board?

Yes _____ No _____

If Yes, Contact Name: _____ **Contact Phone:** _____

Effective Date of this Change: _____

NFGSC use only

Received Date: _____

Entered Date: _____

Entered By: _____