



## SC-16 Group Assignment Form (ECBAA)

Business Party Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

SC-16 Group Name: \_\_\_\_\_

Month: \_\_\_\_\_

Market Pool Name: \_\_\_\_\_

Gas Scheduler Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Suppress Display  
Of Imbalance

	New	Del	Customer Account Number	Start Date	End Date
1					

**Email to: [TSSsupport@natfuel.com](mailto:TSSsupport@natfuel.com) and [CzechowiczD@natfuel.com](mailto:CzechowiczD@natfuel.com)**

**If email is unavailable, fax to Transportation Services at (716) 857-7479**

**FOR TRANSPORTATION SERVICES USE ONLY**

Appvd. By \_\_\_\_\_ Date \_\_\_\_\_