



Please note handwritten forms will not be accepted.

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 with NFGSC)**

* Effective Date: _____

****Effective until a new PDA Methodology Form is submitted.***

To cancel existing PDA for this point, please check box >> ☐

The Service Requester/Replacement Shipper Contract with the lowest priority will be designated as the "Swing" and should be assigned the Allocation Rank Level of 99.

If more than one Svc Req K/Repl SR K share the swing position, please assign each of them the Allocation Rank Level of 99. All swing Svc Req K/Repl SR K will be prorated the last quantity of gas.

[illegible]

Comments:

Please submit completed form to:

Attn: Donna Steiner
Phone: 716-857-6978
Fax: 716-857-7310
Email: GasAccounting_Supply@natfuel.com

NFGSC use only:
Approved By: _____
Date Entered: _____

Swing authorization for PDA Form received:

** Note : This form must be received by NFGSC prior to the beginning of the gas day for the "Effective Date" of the PDA.
This completed PDA Form supersedes previous PDAs currently on file with NFGSC.*