



GAS TRANSPORTATION CUSTOMER REQUEST FOR FINAL BALANCE TRANSFER

Consumers Energy Company
Attention: Gas Transportation Services Department
One Energy Plaza
Jackson, Michigan 49201-2357
E-mail: gasnomsys@cmsenergy.com

Due to the termination of its Gas Transportation Agreement, _____ ("Transferring Customer") hereby requests the transfer of the remainder of its Gas Transportation Account Balance to the Gas Transportation Account Balance of _____ ("Receiving Customer") in the month of _____, _____. This request must be received by Consumers Energy Company via mail, e-mail or facsimile prior to the start of business on the first business day of the month the transfer is to take place. This transfer is in accordance with Consumers Energy Company's Rate Book for Natural Gas Service, Section E Transportation Service, Rule E4.1.F., as approved by the Michigan Public Service Commission.

Transferring Customer Title

Transferring Customer Name or Agent

Authorized Signature

Address

Phone Number

City, State, ZIP Code

E-mail Address

Date

Responses or questions by Consumers should be made to:

Print Authorized Person's Name