

National Grid Direct Payment Service

for Natural Gas Customers in Rhode Island

The most efficient and convenient way to pay your National Grid natural gas bill. By simply filling out an authorization form and providing a voided check, you can enroll in Direct Payment Service. Each month your natural gas bill amount will be automatically taken out of your checking or savings account at the financial institution of your choice. You will still receive your bill for natural gas service from National Grid and will have approximately 25 days to review the actual bill amount.

Direct Payment Service Authorization Agreement

Keep this for your records.

I authorize my financial institution

BANK NAME

to deduct the amount of my monthly natural gas bill from my checking/savings account

BANK ACCOUNT NUMBER

for National Grid. I understand that I am in full control of my payment, and that, if at any time I decide to discontinue Direct Payment Service, I will notify National Grid.

DATE

Please allow 6-8 weeks for processing. Be sure to continue to pay your natural gas bill until you receive a gas bill that indicates you are authorized to participate in Direct Payment Service.

Customer Service
(401) 831-8800

Hearing & Speech Impaired
Dial 711



Direct Payment Service Authorization Form

NATIONAL GRID NATURAL GAS ACCOUNT NUMBER

Please pay from:

- Checking Account (enclose a voided check)
- Savings Account (request your Transit Routing Number or check with your bank regarding your Transit Routing Number)

The transit routing and account numbers are required by your bank for ACH transactions. Write these numbers in the fields provided below.

BANK NAME

9-DIGIT TRANSIT / ROUTING NUMBER

BANK ACCOUNT NUMBER

By signing below, you (the account holder) authorize National Grid to initiate automatic payments from your designated checking or savings account to make payment to your National Grid natural gas account. Your signature also indicates your agreement to the terms and conditions set forth earlier on this page.

CUSTOMER NAME (please print)

CUSTOMER SIGNATURE

DATE

Please cut along the dotted line and mail this form to the following address. (Please do not send with your monthly payment for natural gas or electric service.)

National Grid
P.O. Box 960
Northboro, MA 01532-0960

nationalgrid