

DirectPay Enrollment

To enroll in DirectPay, please fill out this enrollment form and return it to the address or fax number provided below. If you choose to have the funds withdrawn from your checking account, please include a blank check marked "VOID." Or, if you choose to have the funds withdrawn from your savings account, please provide your savings account information in the fields below or attach a pre-printed deposit slip hereto.

Please remember to include your voided check and be advised that a starter check or deposit slip from your checking account cannot be used.

Mail completed form to:

**National Grid
Payment Processing, C-1 (CRS)
300 Erie Blvd. West
Syracuse, NY 13202**

For a quicker DirectPay setup, please visit www.nationalgridus.com and go to

Pay Bill

Or fax completed form to: **(315) 460-9719**

DirectPay Enrollment Form

For payment of my bills, I hereby authorize National Grid to enroll my account in DirectPay and to begin electronic deductions from my bank account approximately 14 days after my billing date.

National Grid Customer Name: _____

Service Address: _____

National Grid Account Number: _____

Bank Name: _____

Bank Routing No. (9 digits): _____

Name (as displayed on Bank Statement): _____

Name on Bank Statement: _____

Check one: Checking Account (enclose a voided check) Savings

Customer's Signature: _____ Date: _____

Phone Number: (____) _____ Email Address: _____

If you have any questions regarding this program or about your account, please contact our Customer Service Department using the telephone number provided on your bill.