

## 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 If you choose to have the funds withdrawn from your checking account, please include a blank check marked "VOID." Or, if you choose to have the funds withdrawn from your savings account, please provide your savings account information in the fields below or attach a pre-printed deposit slip hereto.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](http://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.