


Print Form

NATIONAL GRID USA ACH PAYMENT AUTHORIZATION FORM		
Company Information		
Name		Taxpayer Identification Number
Address, City, State, Zip code		Remittance E-mail Address
Payment "Remit to" Address (if different)		Purpose of this Form <input type="checkbox"/> Set up ACH Account <input type="checkbox"/> Change ACH Acct
Contact Person	Telephone Number	Fax Number
Contact E-mail Address:	Ext.	
Remittance E-Mail Address:		
Financial Institution Information		
Financial Institution Name	Type of Account	Effective Date
Branch Name	Checking <input type="checkbox"/>	
Address, City, State, Zip code	Contact Telephone Number	
	(xxx) xxx-xxxx	
Bank Contact Name/Job Title	Contact Fax Number	Contact E-mail Address
	(xxx) xxx-xxxx	
Routing Transit Number for ACH Transactions (9 digits)	Financial Institution Account Number	
Payment Format will be CTX unless otherwise indicated		
Authorization		
<p>I hereby authorize National Grid, to initiate credit entries to the account specified on this form in accordance with the applicable rules relating to corporate payment entries of the National Automated Clearing House Association (NACHA) and its related member associations.</p> <p>This authorization is to remain in full force and effect until National Grid has received written notification from the vendor of its termination.</p> <p>National Grid reserves the right to terminate this agreement at its discretion.</p>		
Date	 Authorized Signature	Title
Office Use (Only) ACH Eff Date: _____		Office Use (Only) Vendor _____
Approve Date: _____		