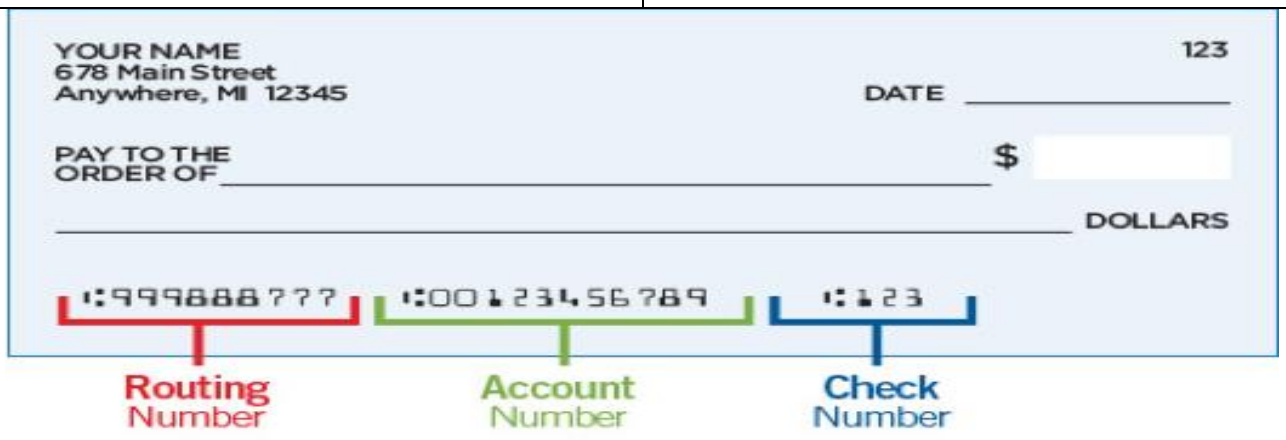
nationalgrid

ACH PAYMENT AUTHORIZATION FORM

Must be a Checking account for ACH transactions (electronic direct fund transfer)

Payment Format will be CTX unless otherwise indicated

Company or Individual Name (Required)	**Taxpayer Identification Number (Required)** **(Social Security Number or Company EIN)**
Remittance Address (Required) **(Address, City, State, Zip Code)**	**Email Address for Payment Remittance info** **(Required)**
Receivable Contact Person (Required)	**Telephone Number**
Receivable Contact Email Address (Required)	**Purpose of this Form** **( ) New ACH** **( ) Change ACH Account**
Bank Name (Required)	**Bank Address, City, State, Zip (Required)**
Routing Number – See Red Below (Required)	**Bank Account Number – See Green below (Required)**



Authorization

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. This authorization is to remain in full force and effect until National Grid has received written notification from the vendor of its termination. National Grid reserves the right to terminate this agreement at its discretion.

Date	**Authorized Signature (Required)**
Title	**Print Name (Required)**