

**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 Set up ACH Account 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 Checking	Effective Date
Branch Name		
Address, City, State, Zip code	Contact Telephone Number (xxx) xxx-xxxx	
Bank Contact Name/Job Title	Contact Fax Number (xxx) xxx-xxxx	Contact E-mail Address
Routing Transit Number for ACH Transactions (9 digits)	Financial Institution Account Number	

Payment Format will be CTX unless otherwise indicated

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 _____

_____ Title

Office Use (Only)
ACH Eff Date: _____
Approve Date: _____

(Office Use Only)
Vendor _____