## NATIONAL GRID USA ACH PAYMENT AUTHORIZATION FORM

	ACH PATMENT 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 Name	Financial Institution Information	Effective Date
	Checking	
Branch Name	Checking	
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	Financial Institution Account Number	
Transactions (9 digits)		
Payment Format will be CTX unless otherwise indicated	Authorization	
I hereby authorize National Grid, to initiate credit entries to the account speci	fied on this form in accordance with the applicable rules relating	
to corporate payment entries of the National Automated Clearing House Asso This authorization is to remain in full force and effect until National Grid has re		
National Grid reserves the right to terminate this agreement at its discretion.		
		714
Date Authorized Signature		Title
Office Use (Only) ACH Eff Date:		(Office Use Only)
Approve Date:	—	Vendor