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** ☐ Set up ACH Account ☐ Change ACH Acct

Contact Person **Contact E-mail Address:** **Remittance E-Mail Address:**	**Telephone Number** Ext.	**Fax Number**

Financial Institution Information

Financial Institution Name **Branch Name**	**Type of Account** Checking ☐	**Effective Date**
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 _____