



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)

YOUR NAME
678 Main Street
Anywhere, MI 12345

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

123456789 123456789 123

Routing Number **Account Number** **Check Number**

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)