



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 (Social Security Number or Company EIN) (required)
Address, City, State, Zip code (required)	
Email Address(es) for Payment Remittance Info (required)	Purpose of this Form <input type="checkbox"/> New ACH <input type="checkbox"/> Change ACH Acct.
Receivable Contact Person	Telephone Number
Receivable contact E-mail Address:	Fax Number
Bank Name	Effective date
Bank Address, City, State, Zip code	
Routing Number – see example 1	Bank Account Number – see example 2 (Do not include check number- example 3)

Example

YOUR NAME
678 Main Street
Anywhere, MI 12345

DATE 123

PAY TO THE ORDER OF \$ 123 DOLLARS

1:999888 777 1:001 234 56 789 1:123

Routing Number Account Number Check Number

1 2 3

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
	Print Name	