

NATIONAL GRID USA ELECTRONIC PAYMENT AUTHORIZATION FORM

Company Information

Name	Taxpayer Identification Number
Address	Remittance E-mail Address E-Mail Type: <input type="checkbox"/> Text <input type="checkbox"/> HTML
Payment "Remit to" Address (if different)	Purpose of this Form <input type="checkbox"/> Set up EFT Account <input type="checkbox"/> Change EFT Acct <input type="checkbox"/> Opt Out
Contact Person	Telephone Number
Contact e-mail Address:	() Ext.
Remittance E-Mail Address:	()

Financial Institution Information

Financial Institution Name	Type of Account <input type="checkbox"/> Checking	Effective Date
Branch Name	Contact Telephone Number	
Address	() Ext.	
Bank Contact Name and Job Title	Contact Fax Number	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
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Return this form to:

**National Grid
C/1 Accounts Payable Department - EFT Registration
300 Erie Blvd. West
Syracuse, NY 13202**

(Office Use Only)

Vendor #:

PreNote Date:	ACH Eff Date:	(Office Use Only)
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