



ACH Authorization Form

(US banks only)

Attention Valued Supplier,

In an effort to lower transaction costs and expedite delivery of our payments in a quicker and safer manner, Avangrid requests a change from physical check to electronic funds transfer via Automated Clearing House/Electronic Funds Transfer (CTX) Authorization.

- Please use the form below and Accounts Payable will update their system to pay directly to your financial institution.

***For secure account verification WE ALSO REQUIRE A voided check or a SIGNED bank or company letterhead**

- ACH reduces time and resources needed in handling checks, resulting in continued cost savings to your company as well as reducing payment issues related to lost, stolen, or misdirected checks.

Vendor/Supplier Number: _____ Last 4 Digits of Tax ID Number: _____

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution:

Bank Name: _____

Bank Contact Person (for verification purposes): _____ Phone or email: _____

Bank City/State: _____

Type of Account: Checking Savings

ABA Routing Number: _____ Account Number: _____

Email Address for ACH payment advice: _____

****Please note all ACH payment advices will be sent via email. A paper remittance will not be mailed****

This form will authorize all payments to be automatically deposited into the banking institution designated.
My signature below indicates that I have verified and confirmed that all of the above information provided is correct.

Signature _____ Date _____

Print Name _____

Send completed forms to: VendorMaintenanceAdminUSA@Avangrid.com

Or mail forms to: ~~Avangrid Management Co~~
~~Accounts Payable Dept~~
~~162 Canal Rd Portland ME 04109-0219~~