



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 REQUIRE AN ORIGINAL voided check to be submitted with this form.**
- ACH reduces time and resources needed in handling paper checks, depositing them in your bank, resulting in continued cost savings to your company; as well as, reduces payment issues related to lost, stolen or misdirected checks which eliminates mail delays.

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

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution:

Bank Name: _____

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

Send completed form and original voided check to:

Avangrid Management Co

Accounts Payable Dept

162 Canco Rd Portland ME 04103-4219

For questions contact:

[VendorMaintenance](#) AdminUSA@Avangrid.com