ACH Draft (Debit) Authorization Form

Customer/Applicant Name			
Primary Billing Contact Information			
First Name		**Last Name**	
Title			
Primary Phone		**Secondary Phone**	
E-mail Address			
Secondary Billing Contact Information			
First Name		**Last Name**	
Title			
Primary Phone		**Secondary Phone**	
E-mail Address			
Financial Institution Name			
Transit/ABA #		**Account Number**	
Type of Account	☐ Checking	☐ Savings	☐ Money Market

Authorization

The New York Independent System Operator, Inc. ("NYISO") Customer/Applicant named above ("Customer") authorizes the NYISO to initiate ACH debit entries to the above-designated account ("Account") for all payments owed to the NYISO under the NYISO Market Administration and Control Area Services Tariff and Open Access Transmission Tariff ("Customer Payments"). Customer Payments may be deducted from the Account on or not more than two days prior to the date(s) due as stated on Customer's NYISO invoice(s) ("Due Date"). If there are insufficient funds in the Account at the time the ACH transaction is presented to the Customer's bank, Customer agrees and promises to pay the entire amount due to the NYISO on the Due Date via wire transfer. Customer further understands and agrees that costs, charges, penalties or fees ("Costs") that are assessed against the NYISO or the Customer as a result of Customer's insufficient funds or as a result of NYISO-initiated ACH debits to the Account pursuant to this Authorization shall be borne exclusively by Customer, and that the NYISO shall have no liability for such Costs; provided, however, that the standard bank fee charged for the NYISO's initiation of ACH debits will be paid by the NYISO. This Authorization shall remain effective until Customer provides the NYISO with written notice of cancellation as provided below ("Cancellation Notice"). Any Cancellation Notice must be received by the NYISO at least seven (7) business days prior to its requested effective date.

_____
(Signature)

Name: _____

Company/Title: _____

Date: _____

IMPORTANT: PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FROM THE ACCOUNT WHICH CUSTOMER'S ACH DEBIT IS TO BE MADE. This Account must be in the name of Customer. Please note, if Customer has activated ACH debit block with its financial institution then Customer must inform its financial institution of this Authorization.

Cancellation Notice	
Customer hereby requests that the NYISO discontinue ACH debits from Customer's account identified above effective the __ day of _____, 20__.	
Signature	Date