

EFT AUTHORIZATION

_____ (“Company”) sells goods and/or services to Northeast Utilities System Companies (herein collectively called “NU”).

NU desires to make payments for such goods and/or services by electronic funds transfers (“EFT”) through the automated clearing house system, and Company agrees to grant such flexibility.

Therefore, Company hereby (1) authorizes NU to make payments for goods and services by EFT, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic funds transfers be made as provided below:

Depository Bank Name: _____

Address: _____

Bank Routing Number: ____ _

Checking Account Number: _____

Payment Format (Please check selection):

CTX _____ CCD+ _____ CCD _____

Banking Officer Name: _____

Phone: _____

Company EFT Contact Name: _____

Phone: _____

Fax: _____

Remittance Address:

Company _____

Address _____

Address _____

City/State/Zip _____

Company will give thirty (30) days advance notice in writing to NU of any changes in its depository institution or other payment instructions. Failure to provide change notification will result in delayed payments.

When properly executed, this Authorization will become effective within thirty (30) days after its receipt by NU.

(Name of Company)

By _____
(Signature of Authorized Representative)

Title _____

Date _____