



**NRES PROGRAM NOTICE OF CHANGE TO TARIFF PAYMENT BENEFICIARY  
ACCOUNTING INFORMATION**

Date:

Tariff Payment Beneficiary Name:

Tariff Agreement Number(s):  
(Example: SZNRES1-####)

ACCOUNTING INFORMATION	
<i>Wire Transfer Numbers (IF APPLICABLE)</i>	<b>BANK:</b> <b>BANK ADDRESS:</b>  <b>ABA:</b> <b>ACCT:</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <b>OTHER DETAILS:</b>
<i>Checks (IF APPLICABLE)</i>	<b>ATTN:</b> <b>ADDRESS:</b>
<i>ACH Numbers (IF APPLICABLE)</i>	<b>BANK:</b> <b>BANK ADDRESS:</b>  <b>ABA:</b> <b>ACCT:</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <b>OTHER DETAILS:</b>

**Method of Payment:**

☐ ACH      ☐ Wire      ☐ Check

	<i>Tariff Payment Beneficiary Name</i>
	<i>Signature</i>
	<i>Printed Name</i>
	<i>Title</i>

**Electronic signatures are not acceptable.**

\*Note: The information included herein will be applied to all NRES Tariff Agreements with this entity listed as the Tariff Payment Beneficiary as noted above.

**FOR EVERSOURCE INTERNAL USE ONLY**

Above information confirmed on: \_\_\_\_\_ By: \_\_\_\_\_

Authorized Representative of Customer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Effective 4/24/2023