



NRES PROGRAM NOTICE OF CHANGE TO CUSTOMER ACCOUNTING INFORMATION

Date:

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

Customer of Record Name:

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

Method of Payment:

☐ ACH ☐ Wire ☐ Check

	<i>Customer 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 between Eversource and the Customer as noted above.

FOR EVERSOURCE INTERNAL USE ONLY

Above information confirmed on: _____ By: _____

Authorized Representative of Customer Name: _____

Title: _____

Effective 4/24/2023