



The California Independent System Operator Corporation has transitioned to electronic payment processing via ACH

VENDOR INFORMATION UPDATE AND ACH AUTHORIZATION FORM WE VERIFY ALL INFORMATION

We, _____,
authorize the California Independent System Operator Corporation to make the below changes:

Sign up for ACH payments or change electronic banking information:

New _____ Update _____ (check one)

Bank Name: _____

Bank Address: _____

ACH Routing Transit (ABA) Number: _____

Account Name: _____

Account Number: _____

Old Account Number (*only required for update requests*): _____

Company ACH Contact Name: _____

Company ACH Contact E-Mail (address used for automatic notification that ACH payment is sent; up to three email addresses can be added): _____

Company ACH Contact Phone Number: _____

Federal Tax ID Number: _____

New mailing information:

NOTE – if new Physical Mailing Address is requested, we also require an updated, signed W-9

Physical Mailing Address: _____

Remit to Address: _____

Old mailing information (*Only required for address updates*):

Physical Mailing Address: _____

Remit to Address: _____

Signature: _____

Print Name: _____

Company: _____

Title: _____

Date: _____

Return via email to accountspayable@caiso.com
or via fax to: CAISO Accounts Payable (916) 608-5071