

CREDIT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS) NEW JERSEY DEPARTMENT OF THE TREASURY

I (we) hereby authorize the New Jersey Department of the Treasury hereafter called the STATE to initiate CREDIT entries to the checking account and depository (bank) named below, hereinafter called the DEPOSITORY.

All such Credits shall be in order for the STATE to meet its obligation to - (Enter agency, county office, department, agent, vendor, etc. name):

NAME: _____ (30 Positions max.)

PAYMENT TYPE: ACH ELECTRONIC PAYMENT

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

BANK TRANSIT/ABA NO: _____ ACCOUNT NO: _____

ACCOUNT TITLE: _____

This authority is to remain in full force and effect until the Department of the Treasury has received written notification from the above authorizing unit of any changes, and in such manner as to afford the Department of the Treasury a reasonable opportunity to act.

AUTHORIZED AGENTS' NAME AND TITLE (A minimum of two (2) signatures required):

DATE: ___/___/___ SIGNED: _____ TITLE: _____

DATE: ___/___/___ SIGNED: _____ TITLE: _____

DATE: ___/___/___ SIGNED: _____ TITLE: _____

TELEPHONE NOS. (___) _____ (___) _____ - _____

PLEASE ATTACH AN ORIGINAL VOIDED CHECK TO THE FORM FROM THE ABOVE ACCOUNT.

ENTER THE SPECIFIED THREE (3) NUMBERS BELOW.

VENDOR NUMBER

BANK TRANSIT/ABA NO.

ACCOUNT NUMBER

ENTER "X" if the financial institution receiving your payment is a foreign bank or is acting as an agent of a foreign bank on your behalf.

ENTERED BY OMB:

VEND T ACH T OMB APPROVAL _____ DATE ___/___/___

FORM DISTRIBUTION:

Original - To STATE

Copy - INITIATOR