

## Electronic Payment Authorization Instructions for Division of Risk Management WCPS payee

The electronic payment authorization form is required for an individual/payee who elects to have their WCPS Benefit payments disbursed electronically via the automated clearing house (ACH) program.

Once completed, the signed electronic payment authorization form must be submitted with either a voided check **OR** bank-issued account verification letter. The bank letter must include ABA number (routing or transit number), bank account number, and type of account (checking or savings).

PLEASE CLEARLY TYPE OR PRINT ALL ENTRIES

Select the appropriate action requested. For a payee electing to participate in the ACH (Direct Deposit) program for the first time, select 'Establish New ACH.' An existing ACH payee who is requesting a bank account change, select 'Change/update bank information.' For a payee who desires multiple bank accounts be added to their payee record, select 'Establish new location code' and indicate the title of the account.

1. **Name:** Enter the individual/payee receiving the automatic deposit transaction. The name must not exceed 30 characters, including spaces and punctuation marks. Abbreviate as required to stay within the 30 character limit.
2. **Bank Name:** Enter the name of depository bank/financial institution receiving ACH credit.
3. **Account Type:** Check appropriate box.
4. **Authorized Signatures:** A minimum of two signatures is required when payment will be made to a joint account. Only one signature is required for Individuals.
5. **Telephone No(s):** Enter telephone number, including area code.
6. **SSN:** Enter primary account holder's nine-digit Social Security number (SSN).
7. **Routing No:** Enter bank's nine-digit American Banking Association Number. This number is also known as the bank transit or routing number.
8. **Account No:** Enter checking/savings account number. This is a variable length field; the size is dependent on the receiving bank's account structure.

### **NOTES:**

When a change is made to the payee ABA and/or account number, the payee is required to notify the State as soon as possible to allow time for the preparation of a new authorization form and to allow for the pre-notification of the changes to the State's disbursing bank. Details regarding specific ACH payments, similar to a check stub, may be obtained over the internet through the Vendor Payment Inquiry (VPI) system. VPI also provides two years of historical data and allows for the review of scheduled payments. To obtain an authentication code to access VPI, contact [John.Wiacek@treas.nj.gov](mailto:John.Wiacek@treas.nj.gov).

**Form Distribution:** Completed forms require either a voided check or a bank-issued account verification letter. Form and voided checks should be mailed to the address below. Forms and verification letters can be mailed or faxed to:

**Department of the Treasury,  
Division of Risk Management  
PO Box 620  
Trenton, N.J. 08625-0620  
Fax: (609) 292-2437**

If you have any questions or need assistance completing the form, call 609-984-8481. In order to serve you better, be sure to reference 'WCPS PAYEE' as payee type.

**Electronic Payment Authorization**  
**For Division of Risk Management (DRM) WCPS payee**  
**New Jersey Department of the Treasury**

I (we) hereby authorize the New Jersey Department of the Treasury to initiate electronic (ACH) CREDIT entries into the bank account named below. This authority is to remain in full force and effect until the New Jersey Department of the Treasury has received written notification of any changes, and in such manner as to afford the New Jersey Department of the Treasury a reasonable opportunity to act.

Action Requested:

- Establish New ACH (first time users)
- Change/Update bank information
- Establish new location code (i.e. 2nd account, Savings, Checking, etc.): \_\_\_\_\_

NAME: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ (30 characters max)

ACCOUNT TYPE:  Savings  Checking

AUTHORIZED AGENT: (minimum of two signatures on joint account; one for Individuals)

Date: \_\_\_/\_\_\_/\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Please attach a voided check or bank-issued verification letter to the form in order to confirm the existence of the above account.

Enter the specified three numbers below:

SSN

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Bank Routing Number

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Account Number

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

**Details regarding specific ACH payments, similar to a check stub, may be obtained online through the Vendor Payment Inquiry (VPI) system. VPI also provides two years of historical data and allows for the review of scheduled payments. See Electronic Payment Authorization Instructions on how to obtain an authentication code to access VPI.**