CREDIT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

NEW JERSEY DEPARTMENT OF THE TREASURY

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AUTHORIZED AGENTS' NAM	E AND TITLE (A minimum of two ((2) signatures required):
	ove authorizing unit of any changes	s, and in such manner as to afford the
This authority is to remain in fu	Ill force and effect until the Departn	nent of the Treasury has received
ACCOUNT TITLE:		
BANK TRANSIT/ABA NO:		ACCOUNT NO:
CITY:	STATE:	ZIP:
DEPOSITORY NAME:		BRANCH:
PAYMENT TYPE: ACH ELEC	TRONIC PAYMENT	
NAME: _ _ _ _ _ _ _		_ _ _ _ (30 Positions max.)
	•	
department, agent, vendor, etc		tion to - (Enter agency, county office,
department, agent, vendor, etc		
the DEPOSITORY. All such Credits shall be in ord department, agent, vendor, etc	er for the STATE to meet its obliga	pank) named below, hereinafter called

SNJ OMB ACH 9/94