



State of New Jersey
 DEPARTMENT OF THE TREASURY
 DIVISION OF REVENUE
 PO Box 628
 TRENTON, NJ 08646-0628

Jon S. Corzine
Governor

R. David Rousseau
State Treasurer

New Jersey Electronic Funds Transfer (EFT) Program
Re: Revision Request for Automated Clearing House (ACH) Debit Account Payments

Dear Taxpayer:

Please follow the steps below to ensure the proper revision of bank account information and to minimize the possibility of a failed electronic payment.

Visit <https://www.govone.com/nj/>, complete the identification fields, and click on the Log On button. Next, click on Maintain Enrollments to update bank account information online. Account information will be updated immediately.

Or

Complete the information below and fax it to the Division of Revenue at (609) 292-1777, or mail it to: New Jersey Division of Revenue, EFT Unit, PO Box 191, Trenton, NJ 08646-0191. Allow 15-20 business days from the beginning date (see below) to process this request.

***PLEASE INDICATE BEGINNING DATE (Required) OF NEW ACCOUNT: ___/___/___ (fill in).** Do not send EFT payments for the payment types listed below on/after the date selected above, until notified by the Division of Revenue. In the interim, e-check payments may be used to make some payments at <http://www.state.nj.us/treasury/revenue/echeck.htm>. **Continue to use e-checks until advised by the Division to resume EFT.**

Contact the EFT Unit at **(609) 984-9830**, or email DORInfo@treas.state.nj.us for general questions or to confirm that the e-check option is available for a particular payment type. Returns should be submitted as usual. Do not send checks and/or returns to the EFT Unit.

***Note:** Using EFT after the date indicated (above) and before notification from the Division may cause payments to not be properly debited, resulting in the assessment of penalty and interest charges.

Taxpayer Name: _____ NJ Reg #: _____ / _____
 Contact Name: _____ Phone: () _____
 Address: _____ Fax #: () _____
 City: _____ State: _____ Zip: _____

Account Type: **Checking** **Savings**

New Transit/Routing #: _____	New Bank Acct. # _____	Payment Type _____
New Transit/Routing #: _____	New Bank Acct. # _____	Payment Type _____
New Transit/Routing #: _____	New Bank Acct. # _____	Payment Type _____
New Transit/Routing #: _____	New Bank Acct. # _____	Payment Type _____
New Transit/Routing #: _____	New Bank Acct. # _____	Payment Type _____

The New Jersey Division of Revenue is hereby authorized to debit entries to the bank account(s) identified above and the bank is authorized to debit such account(s). The authority is to remain in full force until EFT payments are no longer required by statute or, if I am a voluntary participant, until the New Jersey Division of Revenue and I mutually agree to terminate my participation in the EFT program.

Signature: _____ Title: _____ Date: _____