

CREDIT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

INSTRUCTIONS

To receive your payments via automatic deposit from the State of New Jersey, complete and return the attached form with an **original voided check or bank letter**. This letter must include ABA number (routing or transit number), bank account number and if the bank account is a checking or savings account. For additional information, call 609-292-4786.

PLEASE PRINT ALL ENTRIES (except for signature[s]).

1. **Name** - Enter the authorizing unit (vendor, government instrumentality, agency, employee, etc.) approving and receiving the automatic deposit transaction. Name must not exceed 30 positions including spaces and punctuation marks. Abbreviate as required to stay within the 30 position limit. (STATE EMPLOYEES – YOUR NAME)
2. **Payment Type** - No entry required, payment type is always “ACH Electronic Payment,” as preprinted on the form.
3. **Depository Name** - Enter the name of your depository bank/financial institution.
4. **Branch** - Enter the name of your bank’s branch office/location.
5. **Bank Address Line** - Enter your bank’s city, state and zip-code.
6. **Bank Transit/ABA No.** - Enter your bank’s nine (9) position American Banking Association Number. This number is also known as the bank transit or routing code.
7. **Account No.** - Enter your checking/savings account number. This is a variable length field; the size is dependent on your bank’s account structure.
8. **Account Title** - If applicable, enter the title or name of your depository account.
9. **Authorized Agents’ Name, Title, Date and Signatures** - If you are a vendor, the "Agent" signature must include office manager, supervisor, or the individual responsible for the depository process. A minimum of two signatures is required when payment will be made to a corporation, partnership, or joint account. If you are a State of New Jersey employee and will be receiving reimbursement of travel or training expenses, your signature is only required.
10. **Telephone No(s)**. - Enter your telephone number, including area code.
11. **Vendor No.** - Enter the nine (9) position vendor number or code assigned to you by the State of New Jersey. **(This often equals your Social Security or Federal I.D. Number.)** The two position field following the vendor number must be left blank.
12. **Bank Transit/ABA No.** - Enter the same number as entered on line #6.
13. **Account No.** - Enter same number as entered on line #7.

NOTES

- a. The State will verify the ABA and account numbers entered on this form to the encoded numbers at the bottom of the forwarded check.
- b. When a change is made to the payees' 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.

Form Distribution - Following completion of the form, forward (with the required, attached **original voided check or bank letter**) to the **Department of Treasury, Office of Management and Budget, PO Box 221, 5TH Floor - Room 539, Trenton, N.J. 08625-0221.**