The electronic payment authorization form is required for non-procurement vendors/payees that elect to have their payments disbursed electronically via the automated clearing house (ACH) program. Procurement vendors **SHOULD NOT** complete this form but should register at NJSTART.GOV. Procurement vendors include vendors who sell goods or provide a service (including healthcare and legal services).

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 payees electing to participate in the ACH program for the first time, select 'Establish New ACH.' For existing ACH payees that are requesting a bank account change, select 'Change/update bank information.' For payees that desire multiple bank accounts be added to their payee record, select 'Establish new location code' and indicate the title of the account.

- 1. <u>Name:</u> Enter the vendor/payee receiving the automatic deposit transaction. The name must not exceed 30 positions including spaces and punctuation marks. Abbreviate as required to stay within the 30 position limit.
- 2. **Bank Name:** Enter the name of depository bank/financial institution receiving ACH credit.
- 3. Account Type: Check appropriate box.
- 4. <u>Authorized Agents' Date, Signatures & Title:</u> A minimum of two signatures is required when payment will be made to a corporation, partnership, or joint account. For a vendor, the "Agent" signature must include an office manager, supervisor, or individual responsible for the depository process. Only one signature is required for Sole Proprietors.
- 5. <u>Telephone No(s)</u>: Enter telephone number, including area code.
- 6. <u>Vendor No:</u> Enter the nine-digit vendor number assigned by the State of New Jersey. (This often equals a social security number for non-State employees and Federal ID number for vendors.) Leave the two position field following the vendor number blank if unknown.
- 7. **Bank Transit/ABA No:** Enter bank's nine-digit American Banking Association Number. This number is also known as the bank transit or routing number.
- 8. <u>Account No</u>: 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 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.

Details regarding specific payments, similar to a check stub, may be obtained over the internet through the Vendor Payment Inquiry (VPI) system. To access VPI, users must first create a 'MyNewJersey' portal account. Begin by logging onto the State of New Jersey's web page, NJ.GOV and creating a log in and password (click on the 'Sign Up' link under the 'Login' tab). Once the 'MyNewJersey' portal account has been established, users will have to sign up for the VPI application by clicking the 'enroll here' button on our website, https://www-tyomb.nj.gov/TYM\_VPI/home. The online tutorial for VPI can be found at https://www-tyomb.nj.gov/treasury/omb/TYM\_VPI/docs/GettingStarted.pdf. VPI provides two years of historical data (such as issuing agency, payee reference, payment amount, payment date, etc) and allows for the review of scheduled payments.

**Form Distribution**: The completed form, along with the required voided check or bank issued account verification letter, should be mailed or emailed to:

OMB-Vendor Control PO Box 221 Trenton, N.J. 08625-0221 Email: aaiunit@treas.nj.gov

If you have any questions or need assistance completing the form, email: aaiunit@treas.nj.gov

## Electronic Payment Authorization For Non-Procurement Vendors 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 (indicate type i.e. cafeteria plan, EDRS, etc.):	
NAME:	
BANK NAME:	(30 positions max)
ACCOUNT TYPE: Savings Checking	
AUTHORIZED AGENT: (a minimum of two signatures unless individual	or sole proprietor)
Date:/ / Signed:Title	e:
Date:// Signed:Title	e:
Telephone Number () Telephone Number (	)
Please attach a voided check or bank letter to the form in confirmation of the above account.	
Enter the specified three numbers below:	
Vendor Number Bank	Fransit Number
Account Number	
Enter "X" if the financial institution receiving your payment is a foreign bank for a foreign bank on your behalf.	c or is acting as an agent

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. See Electronic Payment Authorization Instructions on how to obtain an authentication code to access VPI.