



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
TRANSMITTAL ELECTRONIC PAYMENT SYSTEM (TEPS)
EMPLOYER AUTHORIZATION FORM

Please type or print all information clearly. If necessary, please refer to the second page for instructions on completing this form or call the TEPS Helpline at 1-800-XXX-XXXX for assistance.

Please confirm that you have completed the form correctly and maintain a copy for your records. The completed form along with a copy of a check clearly marked "void" should be scanned and emailed to NJpensionenrollments@dkdkdkdk or faxed to 1-800-XXX-XXXX. You will receive confirmation of your enrollment as well as your pin number and TEPS access instructions within one week. THANK YOU.

- 1. Payment System: [] TPAF [] PERS [] PFRS [] HEALTH BENEFITS
2. Employer Location Number (6):
3. Employer Name (25):
4. Primary Contact:
5. Address:
6. City: 7. State: 8. Zip:
9. Primary Phone: 10. E-mail Address:
11. Secondary Contact:
12. Secondary Phone: 13. Secondary E-mail:

FINANCIAL INSTITUTION INFORMATION: (Please supply a voided check with this form or tape a voided check to the back of this form)

- 14. Transit (Routing) / ABA Number (9):
15. Account Number (up to 17 digits):

AUTHORIZATION:

I (we) hereby authorize the financial institution indicated above to debit the account listed in #15 above, and transfer the debited amount to the Division of Pensions and Benefits. These transactions are to be accomplished in accordance with the procedures of TEPS, for the Payment System listed in #1 above of the employer I (we) represent.

APPROVAL: (of Employer's Certifying Officers)

Table with 4 columns: NAME, TITLE, SIGNATURE, DATE. Two rows for certification officers.

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**TRANSMITTAL ELECTRONIC PAYMENT SYSTEM (TEPS)
 EMPLOYER AUTHORIZATION FORM
 INSTRUCTIONS**

This form is to be used for first-time enrollment in TEPS.

ADD NEW ACCOUNT:

You must complete ALL items on the form. Omitted or illegible information in any section will automatically prohibit processing and guarantee the immediate return of your form for proper completion.

- 1. **PAYMENT SYSTEM:** Check the appropriate payment system. *A separate Authorization Form must be completed for each payment system and location number.*
 - 2. **EMPLOYER LOCATION NUMBER:** Your 6-digit Location Number. *TPAF accounts with 3 or 4 digits must include leading zeros (i.e. 100xxx or 10xxxx).*
 - 3. **EMPLOYER NAME:** Please use the spaces (up to 25 characters) to print/type the name exactly as it should appear for presentation of the ACH item to the financial institutions.
 - 4. **PRIMARY CONTACT:** Name of the individual designated as the primary TEPS contact, who can be contacted in the event of questions concerning this form or future payments.
 - 5. **ADDRESS:** 6. **CITY:** Please indicate the correct mailing address for proper delivery of all TEPS correspondence.
 - 7. **STATE:** 8. **ZIP CODE:** Please include the two-digit state abbreviation and your 5-digit zip or 9-digit (zip+4) code.
 - 9. **PRIMARY CONTACT PHONE:** The direct telephone number of the primary contact designated in item # 4.
 - 10. **PRIMARY CONTACT E-MAIL:** The e-mail address of the primary contact designated in item # 4.
 - 11. **SECONDARY CONTACT:** Name of the individual designated as the secondary TEPS contact, who can be contacted in the event of questions concerning this form or future payments.
 - 12. **SECONDARY CONTACT PHONE:** List the direct telephone number of a secondary contact.
 - 13. **SECONDARY CONTACT PHONE:** List the e-mail address of a secondary contact.
 - 14. **FINANCIAL INSTITUTION TRANSIT/ABA NUMBER:** The 9-digit ABA/Transit Routing Number used to identify the financial institution at which the employer maintains their account. This number appears in the bottom line of the checks.
 - 15. **ACCOUNT NUMBER:** The account identification number used to fund your transmittal (up to 17 digits). *This must be a checking account.*
- APPROVAL OF CERTIFYING OFFICERS:** The Certifying Officers must sign this area.
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