

SUPPLIER ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Company Name: _____
 Address: _____
 City, State, Zip Code: _____

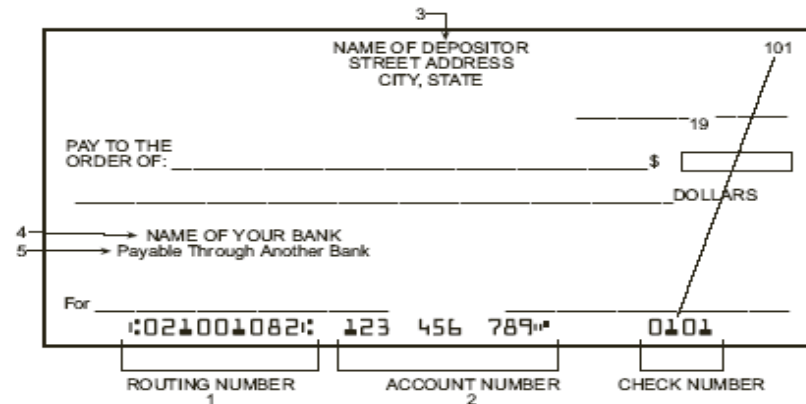
Contact Person: _____
 E-mail Address: _____
 Office Telephone: _____
 Fax Number: _____

CHECK APPLICABLE BOX New Enrollment Change of Account(s) and/or Bank Cancel

PAYMENT INSTRUCTIONS:

For Automatic Clearing House (ACH) Only: US Dollars Only

Bank Name: _____
 Routing Number: _____
 Name on Account: _____
 Account Number: _____
 Account Type: Checking Savings
 Bank Contact: _____



Bank Contact Phone/E-Mail: _____

Please submit a voided check or a signed letter from your depository bank containing the information requested above.

SUPPLIER authorizes NJ Transit Corporation (NJ TRANSIT) to initiate credit entries and debit corrections to its account(s) indicated above at the depository bank named above and to credit the same to such account. This authorization supersedes and replaces all prior authorizations for payments and shall remain in full force and effect until NJ TRANSIT has received written notice from SUPPLIER of its termination in such time and in such manner as to afford NJ TRANSIT and the depository bank a reasonable opportunity to act on it.

Authorized Supplier Signature: _____
 Print Name & Title: _____
 Supplier #: _____
 Date: _____

Please return completed form to: AP_ACH@NJTransit.com
 with ACH_ and your vendor number in the subject line.

FOR INTERNAL USE ONLY: CALLBACK VERIFICATION
 Callback Phone #: _____
 Name: _____
 Date: _____ NJT Rep: _____ (initials)