



AP SUPPLIER ACH ENROLLMENT AND CHANGE REQUESTS

This checklist is designed to assist you, our valued supplier for an effortless ACH set up process by providing the following: a completed EFT Enrollment/Change Form, bank letter, voided check/deposit slip, verification of 3 last payments for existing suppliers, a current W9, and current contact information.

Item	ACH Checklist	Yes	No
1	<u>Supplier Must Complete a “Supplier Electronic Funds Transfer Enrollment/Change Form”</u> (See exhibit below for a sample of the form).		
2	<u>Bank Letter Required</u>		
4	<u>Voided Check/Deposit Slip</u> – Voided check or deposit slip if the account is a depository		
5	<u>Verify the last 3 Check payments, last 3 ACH payments, or last 3 ePayables payments for existing suppliers</u>		
6	<u>Current W9 to ensure that we have your most recent employer identification number</u>		
7	<u>The contact person’s phone number and email for payment or bank changes (Please provide this information in the space below.)</u> <u>Contact Name:</u> <u>Contact Phone # and Email Address:</u>		


SUPPLIER ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT/CHANGE FORM
SUPPLIER ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Company Name: _____

Contact Person: _____

Address: _____

E-mail Address: _____

City, State, Zip Code: _____

Office Telephone: _____

 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: _____

Diagram of a check with the following fields:

- 3- NAME OF DEPOSITOR STREET ADDRESS CITY, STATE
- 101
- PAY TO THE ORDER OF: _____ \$ _____ DOLLARS
- 4- NAME OF YOUR BANK
- 5- Payable Through Another Bank
- For _____
- ROUTING NUMBER 1: 021001082
- ACCOUNT NUMBER 2: 123 456 789
- CHECK NUMBER 3: 001

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

SUPPLIER authorize NJ Transit Corporation (NJ TRANSIT) to initiate credit entries 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 authorization 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: _____

Date: _____

Please email the completed form along with supporting documents to:

AP_ACH@NJTransit.com

FOR INTERNAL USE ONLY CALLBACK VERIFICATION

Callback Phone: _____

Name: _____

Date: _____

NJT Rep: _____ (Initial)


SUPPLIER ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT/CHANGE FORM
SUPPLIER ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

If current method of payment is in the form of a check, and supplier is requesting a change to "ACH", then Complete Section A.

If current method of payment is by ACH, complete Section B if the supplier is requesting either of the following:

- A change to a new account at the same bank
- A change to a new bank and account number
- To cancel an ACH

Section A:

For added security reasons, please provide the following information for the last three check payments received from NJ Transit.

Date	Dollar Amount	Check #

Section B:

For added security, please provide the previous account information and the last three ACH payments received from NJ Transit.

Bank Name: _____

Routing Number: _____

Name on Account: _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Bank Contact: _____

Bank Contact Phone/E-mail: _____

Date	Dollar Amount	ACH Payment Number

SUPPLIER ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

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

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

CHECK APPLICABLE BOX

☐

New Enrollment

☐

Change of Account(s) and/or Bank

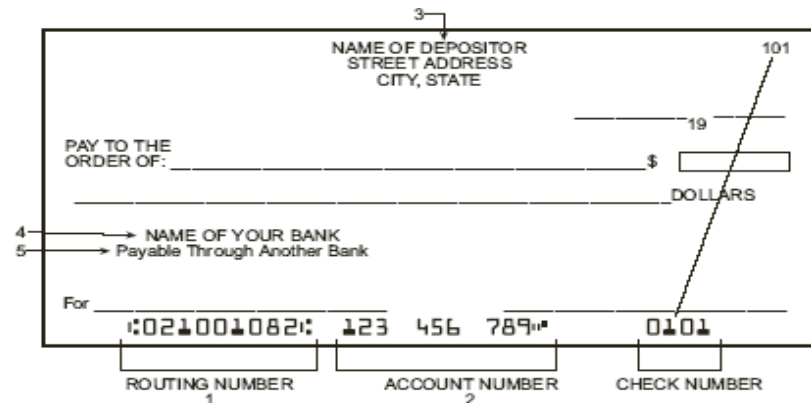
☐

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: _____



3- NAME OF DEPOSITOR
STREET ADDRESS
CITY, STATE

101

19

PAY TO THE ORDER OF: _____ \$ _____
DOLLARS

4- NAME OF YOUR BANK
5- Payable Through Another Bank

For _____

1:021001082: 123 456 789 0101

ROUTING NUMBER 1 ACCOUNT NUMBER 2 CHECK NUMBER

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

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Print Name & Title: _____
Date: _____

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FOR INTERNAL USE ONLY CALLBACK VERIFICATION

Callback Phone: _____
Name: _____
Date: _____
NJT Rep: _____ (Initial)

SUPPLIER ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

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Bank Name: _____

Routing Number: _____

Name on Account: _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Bank Contact: _____

Bank Contact Phone/E-mail: _____

Date	Dollar Amount	ACH Payment Number