STATE OF NEW JERSEY
SCHOOLS DEVELOPMENT AUTHORITY

EFT Payment Authorization Form

INSTRUCTIONS

General Instructions: Please indicate at the top of the EFT Payment Authorization Form whether the authorization is new, a change or a cancellation request. Additionally, indicate your preference for Wire or automated clearing house (ACH) transfer type. Wire funds are received the same day they are processed; however, a $10 transaction fee will be deducted from your payment. ACH funds are not available until the following business day. There is no charge to the vendor.

Complete all remaining sections of the form and forward (along with a voided blank check) to:

New Jersey School Development Authority
Attention: Vendor Services
P.O. Box 991
Trenton, NJ 08625-0991

Section I: Vendor Information

- Provide W-9 with completed EFT payment authorization form. **(required)**
- Enter the business address (not a P.O. Box).
- Enter the remittance address as a second payment option.
- Provide the name and telephone number of a contact person.
- Provide e-mail address and fax number for the contact person.

Section II: Financial Institution Information

- Provide your bank name and the bank's State.
- Enter your bank 9 digit routing ABA / Transit number and your bank account number.
- Enter the name(s) on your bank account.
- Indicate the type of bank account (check one box only).
- Obtain bank representative's signature certifying the bank information associated with the vendor name in Section I of this form is true and accurate. This signature is **REQUIRED ONLY IF** a voided blank check is not attached to the EFT Payment Authorization Form.
- Print bank representative's name and title.

Section III: Vendor Authorization

- An authorized representative of the vendor must sign and date the EFT Payment Authorization Form and include his/her title and telephone number.

Vendors may confirm the receipt of a payment by viewing the SDA's website at:
http://www.njsda.gov/Reports.net/web_public/paymentlog_SDA.aspx

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EFT Payment Authorization Form

Request Type **(check one)**: ____ NEW ____ CHANGE ____ CANCELLATION

Payment Type **(check one)**: ____ WIRE ($10 fee) ____ ACH (No Charge)

Section I: Vendor Information

Vendor Name: _____

Business Address: _____ Remittance Address: _____

City, State, and Zip: _____ City, State, and Zip: _____

FEIN / Social Security Number: _____

Contact Person: _____ Phone Number: _____

E-mail: _____ Fax Number: _____

Section II: Financial Institution Information

Bank Name: _____ Bank State: _____

ABA / Transit Number: _____ Account Number: _____

Account Name: _____

Account Type **(check one)**: If checking account, attach a VOIDED blank check ____ CHECKING ____ SAVINGS ____ LOCKBOX

Financial Institution Certification: **(required ONLY if a voided check is not attached)**

I certify that the preceding Bank ABA / Transit Number, Account Name, Account Number and Account Type are true and accurate for the vendor named in Section I of this EFT Payment Authorization Form.

Bank Representative's Signature: _____ Date: _____

Bank Representative's Name (Print): _____ Title: _____

Section III: Vendor Authorization

I certify that, as an authorized representative for the above named vendor, the information above is true and correct and hereby authorize the New Jersey Schools Development Authority to electronically deposit Wire / ACH transactions to the designated bank account. This authorization shall remain in full force until the New Jersey Schools Development Authority receives written notification requesting a change or cancellation.

Authorized Signature: _____ Date: _____

Name (Print): _____ Phone Number: _____

Title (Print): _____

Print Form