

**STATE OF NEW JERSEY
DIVISION OF REVENUE
ACH DEBIT ENROLLMENT**

**EFT1-D
AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER (EFT)**

Reminder: Once qualified for electronic funds transfer (EFT), remit all payments collected by the Division of Revenue using EFT.
Sign and date this enrollment form and return to: New Jersey Division of Revenue, PO Box 191, EFT Unit, Trenton NJ 08646-0191
Please note: All fields are required.

Taxpayer Name:	New Jersey Registration Number (12 digits):	Federal Identification Number (9 digits):
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Transit/Routing Number	Bank Account Number	Checking / Savings	Payment / Tax / Fee Type	Contact Name, Address and Email Address	Contact Telephone Number
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The New Jersey Division of Revenue is hereby authorized to debit entries to the bank account(s) identified above and the bank is authorized to debit such account(s). The authority is to remain in full force until EFT payments are no longer required by statute or, if I am a voluntary participant, until the New Jersey Division of Revenue and I mutually agree to terminate my participation in the EFT program.

Signature:	Title:	Date:
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