



ACH AUTHORIZATION – EMPLOYEE EXPENSES

Non-Agreement Employee

Agreement Employee

Bus Rail Police Corporate Bus Rail Police

INSTRUCTIONS:

1. For checking account deposits, please attach a copy of your voided personal check to the top of this form.
2. Your bank routing and account numbers can be obtained from your check or your financial institution.
3. If you are selecting a credit union or money market account for your Direct Deposit, contact your financial institution for the account type.
4. You may designate only one account. There will be no split deposits.
5. Your Direct Deposit options must cover your total reimbursement. You may not elect to also receive a check.
6. This form must be completed and submitted whenever any changes occur to your bank routing number, account number, or bank of deposit (including closing your account.) Once a change is submitted, your previous Direct Deposit will stop.
7. Submit the completed and signed form to **Accounts Payable Department, 5th Floor HQ, One Penn Plaza, Newark, Attention: Expense Processor.**
8. The employee is responsible for confirming that the Direct Deposit funds are available in his/her bank account prior to issuing checks against his/her account. Please verify the deposit with your financial institution.
9. Please allow 10 days for this authorization to take effect.

TYPE OF ACTION: NEW CANCELLATION ACCOUNT CHANGE BANK CHANGE

EMPLOYEE NAME	TELEPHONE #	EMPLOYEE NUMBER	E-MAIL ADDRESS:
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Bank Information

	BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE	
				<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	

The Electronic Payments Association permits the reversal of Direct Deposit transactions in the event a deposit is made in error. Your signature authorizes NJ Transit to recover any erroneous payments you are not entitled to.

I authorize NJ TRANSIT to electronically credit my account and, if necessary, electronically debit my account to correct any erroneous credits.

EMPLOYEE SIGNATURE:

DATE:

FOR INTERNAL USE ONLY:

PROCESSED BY: _____

DATE: _____