In reply refer to:
Electronic Funds Transfer
PO Box 191

# New Jersey Division of Revenue
# Available Methods of Electronic Funds Transfer (EFT) Payments

Certain taxpayers are qualified for and required to remit payments through the State of New Jersey, Division of Revenue's Electronic Funds Transfer (EFT) Program. P.L. 1992, c.140 requires taxpayers with a prior year's liability of $10,000 or greater in any one tax to remit all tax payments to the Division of Revenue using EFT.

The EFT program offers taxpayers the choice of remitting payments electronically via Automated Clearing House Credit (ACH Credit) or Automated Clearing House Debit (ACH Debit). **Please note that FED Wires or other wire transfers are not acceptable methods of EFT payment.**

The first step in meeting New Jersey's EFT requirement is to notify the Division of Revenue of the method of payment to be used. The following is a brief description of the two EFT methods offered by the Division of Revenue.

**ACH Credit Option**

With ACH Credit, the taxpayer initiates a credit through their bank to the State's bank account for the amount of the payment. A standard format for the CCD+ addendum record has been developed for use by all states requiring payments by means of EFT. New Jersey has adopted the Standard CCD+/TXP format.

The ACH Credit option should be of interest to taxpayers already using EFT to make other business payments. To initiate an ACH Credit it is first necessary to be set up to do so with your bank. To use this option, it is **recommended that you contact your bank to determine what ACH origination services are offered and the associated costs.** As the originator of the ACH transaction, the cost of each transaction is charged to the taxpayer. An authorization form (EFT1-C) should be completed and returned indicating use of the ACH Credit method of payment. The Division's EFT Unit will then provide the necessary depositing bank account information.

**ACH Debit Option**

The ACH Debit option allows taxpayers to place a toll free telephone call to a data collection service and provide the appropriate security and payment information. At the end of the day, the information supplied to the data collection service is used to create an ACH debit to the taxpayer's account for next day settlement. Because the State is the originator of the ACH transaction, there is no cost to the taxpayer.

Prior to the first transfer, the Division of Revenue must supply the data collection service with information about taxpayers who will be calling. Included in this information are the taxpayer identification number and the bank account numbers that payments will be processed against.

An EFT authorization form (EFT1-D) should be completed and returned indicating use of the ACH Debit method of payment. The Division's EFT Unit will then provide the calling instructions for a taxpayer to initiate payments.

**Do not attempt any EFT transaction until the Division of Revenue sends the appropriate starting instructions.**

The instructions for completing these forms are on the reverse side of this letter. For EFT assistance call (609) 292-9292 Opt 6 or Fax (609) 984-6681. Additional information, as well as "Frequently Asked Questions", can be found at the Division's Business Gateway at www.state.nj.us/treasury/revenue. There is also an email link at the site.

# New Jersey Division of Revenue
# Instructions for Completing the EFT Authorization Agreement
# EFT1-C or EFT1-D

**General**

Please type or print clearly. Return registration material to the New Jersey Division of Revenue. Please make a copy of your application for your records.

**ACH Credit (EFT1-C)**

If the ACH Credit Method of EFT payment is selected please fill out and return the EFT1-C worksheet. Enter the business name and the New Jersey and Federal Identification Numbers. **For each payment type remitted to the New Jersey Division of Revenue,** indicate the payment type, contact name and address, and contact telephone number. Sign, indicate title and date the worksheet. Return the worksheet to the State of New Jersey Division of Revenue, PO Box 191 EFT Unit, Trenton NJ 08646-0191.

**ACH Debit (EFT1-D)**

If the ACH Debit Method of EFT payment is selected please fill out and return the EFT1-D worksheet. Enter the business name and the New Jersey and Federal Identification Numbers. **For each payment type remitted to the New Jersey Division of Revenue,** indicate the Transit/Routing Number, Bank Account Number, payment type, contact name and address, and contact telephone number. The bank information can be obtained from your bank or at the bottom of a check from the account to be debited. With each application, **enclose a voided check or another form of bank verification from the bank account to be debited.** Sign, indicate title and date the worksheet. Return the worksheet to the State of New Jersey Division of Revenue, PO Box 191 EFT Unit, Trenton NJ 08646-0191.

**Important Information**

1. A confirmation letter from the New Jersey Division of Revenue will be sent after approval of this agreement. The confirmation letter will include detailed operating instructions for the method of payment selected. **No EFT payments should be attempted until these instructions are received.**

2. A written request is required to change from one ACH method to another. Continue making tax payments using the ACH method in use at the time of the request. A confirmation letter from the Division of Revenue will be sent authorizing the new payment method and the effective date of the change.

3. FED Wires and other wire transfers are not acceptable methods of EFT payment.

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

**EFT1-C**
**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: | NJ Registration Number (12 digits): | Federal Identification Number (9 digits): |
|---|---|---|
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| PAYMENT / TAX / FEE TYPE | CONTACT NAME, ADDRESS, EMAIL | CONTACT TELEPHONE NUMBER |
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The New Jersey Division of Revenue is hereby requested to grant authority for the above-named taxpayer to initiate ACH Credit transactions to the State of New Jersey, Division of Revenue's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP) and may be initiated for the EFT payments to the New Jersey Division of Revenue provided by statute. 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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**New Jersey Division of Revenue**
**Electronic Funds Transfer (EFT)**
**Registration Checklist**

## ALL EFT TAXPAYERS

- ❐ Return the Authorization Agreement (EFT1-C or EFT1-D) to: New Jersey Division of Revenue, PO Box 191 EFT Unit, Trenton NJ 08646-0191.
- ❐ For assistance call the EFT Unit at (609) 292-9292 Opt #6 or Fax (609) 984-6681.
- ❐ **Please make and retain copies of all information for your records.**

## FOR THE ACH CREDIT METHOD OF EFT

- ❐ Complete the EFT1-C worksheet and for **every payment type to be remitted** to the Division of Revenue indicate the payment name and the contact information.
- ❐ The Division of Revenue recommends first contacting your bank to determine what ACH origination services are offered, and the costs associated with setup and use of these ACH services.
- ❐ Sign and date the worksheet and return it to New Jersey Division of Revenue, PO Box 191 EFT Unit, Trenton NJ 08646-0191.
- ❐ **Do not attempt to make any EFT transactions until notification from the Division.**

## FOR THE ACH DEBIT METHOD OF EFT

- ❐ Complete the EFT1-D worksheet and for **every type of payment to be remitted** to the Division of Revenue indicate the payment name, the contact information, and bank account information.
- ❐ **Send the Division of Revenue a voided check or another form of bank verification for each account to be used for EFT.** The Transit/Routing number requires 9 digits. The bank account number must not exceed 17 digits.
- ❐ Sign and date the worksheet and return it to New Jersey Division of Revenue, PO Box 191 EFT Unit, Trenton NJ 08646-0191.
- ❐ **Do not attempt to make any EFT transactions until notification from the Division.**

**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): |
|---|---|---|
| | | |

| Transit/Routing Number | Bank Account Number | Checking / Savings | Payment/ Tax/ Fee Type | Contact Name, Address, Email | 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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