

**New Jersey Electronic Funds Transfer (EFT) Program  
Revision Request for Automated Clearing House (ACH) Debit Account Payments**

Please follow the steps below to ensure the proper revision of bank account information and to minimize the possibility of a failed electronic payment.

- Complete the information below and fax it to the Division of Revenue at (609) 984-6681, or mail it to: New Jersey Division of Revenue, EFT Unit, PO Box 191, Trenton, NJ 08646-0191. Allow 15-20 business days from the beginning date (see below) to process this request.

Indicate Beginning Date Of New Account (dd/mm/yyyy): ____/____/____	
<p>Notes: Do not send EFT payments for the payment types listed below on/after the date selected above, until notified by the Division of Revenue. In the interim, e-check payments may be used to make some payments at <a href="https://www.state.nj.us/treasury/revenue/echeck.shtml">https://www.state.nj.us/treasury/revenue/echeck.shtml</a>. <b>Continue to use e-checks until advised by the Division to resume EFT.</b></p> <p>Using EFT after the date indicated (above) and before notification from the Division may cause payments to not be properly debited, resulting in the assessment of penalty and interest charges.</p>	
Taxpayer Name: _____	Tax ID #:        -        -
Contact Name: Phone: (____) _____	Fax #: (____) _____
Street Address: _____	City: _____ State: ____ Zip: _____
Account Type: Select one    Checking ____        Savings ____	

Please provide the updated transit/routing and bank account numbers along with the tax(es), fee(s) and/or payment(s) you wish to address by using the updated account.

New Transit/Routing #:	New Bank Acct. #:	Tax/Fee/Payment

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: \_\_\_\_\_

Contact the EFT Unit at (609) 292-9292 Opt 6, or email <http://www.state.nj.us/treasury/revenue/digitaldirector.shtml> for assistance.