FB-0187-0804w

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS

TRANSMITTAL ELECTRONIC PAYMENT SYSTEM (TEPS)

EMPLOYER AUTHORIZATION FORM

Please type or print all information clearly. If necessary, please refer to the second page for instructions on completing this form or call the TEPS Helpline at 1-888-835-3345.

ADD NEW ACCOUNT ☐ **NOTICE OF CHANGE** ☐ **DELETE ACCOUNT** ☐

1. Payment System: (Check one only) 1. TPAF ☐ 2. PERS ☐ 3. PFRS ☐ 4. HEALTH BENEFITS ☐
2. Employer Location Number (6): _____
3. Employer Name (25): _____
4. Primary Contact: _____
5. Address: _____
6. City: _____ 7. State: _____ 8. Zip: _____
9. Primary Phone: _____

FINANCIAL INSTITUTION INFORMATION: *(Please fax a voided check with this form or tape a voided check to the back of this form)*

10. Transit (Routing) / ABA Number (9): _____
11. Account Number (up to 17 digits): _____

AUTHORIZATION:

I (we) hereby authorize the financial institution indicated above to debit the account listed in # 11 above, and transfer the debited amount to the Division of Pensions and Benefits. These transactions are to be accomplished in accordance with the procedures of TEPS, for the Payment System listed in # 1 above of the employer I (we) represent.

APPROVAL: *(of Employer's Certifying Officer)*

NAME	TITLE	SIGNATURE	DATE

Please retain a copy of this form for your records. Fax the completed form to 866-568-2495. You will receive the TEPS access instructions and confirmation of your enrollment as the formal indication that you can begin using the system. THANK YOU.

Division of Pensions and Benefits

TRANSMITTAL ELECTRONIC PAYMENT SYSTEM (TEPS)

EMPLOYER AUTHORIZATION FORM

INSTRUCTIONS

This form is to be used for first-time enrollment in TEPS, as well as to communicate modifications to your enrollment information.

- **ADD NEW ACCOUNT:** For all employers registering for a new payment system in the TEPS program.
- **NOTICE OF CHANGE:** Used for submitting a modification of the information on file, e.g., new address, a different financial institution ABA and/or account, an additional retirement ACH account combination, etc.
- **DELETE ACCOUNT:** Submitted to indicate terminated participation for a particular retirement system.

You must complete ALL items on the form. *Omitted or illegible information in any section will automatically prohibit processing and guarantee the immediate return of your form for proper completion.*

1. PAYMENT SYSTEM:	Check the appropriate payment system. *A separate Authorization Form must be completed for each payment system and location number.*
2. EMPLOYER LOCATION NUMBER:	Your 6-digit Location Number. *TPAF accounts with 3 or 4 digits must include leading zeros (i.e. 100xxx or 10xxxx).*
3. EMPLOYER NAME:	Please use the spaces (up to 25 characters) to print/type the name exactly as it should appear for presentation of the ACH item to the financial institutions.
4. PRIMARY CONTACT:	Name of the individual designated as the primary TEPS contact, who can be contacted in the event of questions concerning this form or future payments.
5. ADDRESS: 6. CITY: **7. STATE: 8. ZIP CODE:**	Please indicate the correct mailing address for proper delivery of all TEPS correspondence. Please include the two-digit state abbreviation and your 5-digit zip or 9-digit (zip+4) code.
9. PRIMARY CONTACT PHONE:	The direct telephone number of the primary contact designated in item # 4.
10. FINANCIAL INSTITUTION TRANSIT/ABA NUMBER:	The 9-digit ABA/Transit Routing Number used to identify the financial institution at which the employer maintains their account. This number appears in the bottom line of the checks.
11. ACCOUNT NUMBER:	The account identification number used to fund your transmittal (up to 17 digits). *This must be a checking account.*
APPROVAL OF CERTIFYING OFFICER:	The Certifying Officer must sign this area.

Please fax the completed form as indicated on the first page.