

EXHIBIT M
(for Construction Contracts)
INSTRUCTIONS FOR DIRECT PAYMENTS (ACH CREDITS)

PLEASE PRINT ALL ENTRIES (except for signature)

COMPANY NAME – Enter your company’s name as registered with the New Jersey Turnpike Authority

NJTA VENDOR ID NUMBER – Enter the number assigned to your company by the New Jersey Turnpike Authority. This is the “Vendor ID” found in CapEx Manager.

TELEPHONE NUMBER - Enter your telephone number, including area code

EMAIL ADDRESS - Enter your email address. You will receive detailed notification of ACH payment

DEPOSITORY NAME – Enter the name of your depository bank/financial institution

BRANCH - Enter the name of your bank’s branch office/location

CITY/STATE/ZIP CODE – Enter your bank’s address

ROUTING NUMBER (DFI ID) – Enter your bank’s routing number. This is your bank’s nine position American Banking Association number, also known as the bank transit code

ACCOUNT NUMBER – Enter your checking or savings account number. This is a variable length field

NAME AND TITLE– Enter the name and title of the person who has the authority to accept ACH payment as an alternative to receiving check payment for your company

AUTHORIZED SIGNATORY – Enter your signature

If you require assistance, please call Carol Sabanos at (732) 750-5300, ext. 8149 or email her at achvendor@njta.com.

Following completion, forward the form (attached with the required **original** voided check or bank letter) to: New Jersey Turnpike Authority, ATTN: Accounts Payable, Finance Department/AP, PO Box 5042, Woodbridge, NJ 07095-5042 **or** you may scan and email the completed form (with the required **original** voided check or bank letter) to achvendor@njta.com.

New Jersey Turnpike Authority
ATTN: Accounts Payable, Finance Department
PO Box 5042
Woodbridge, NJ 07095-5042

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Company Name _____ NJTA Vendor ID _____

Telephone Number _____ Email Address _____

I (we) hereby authorize New Jersey Turnpike Authority (NJTA) to initiate ACH credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY.

I (we) acknowledge that that origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number (DFI ID) _____ Account Number _____

This authorization is to remain in full force and effect until New Jersey Turnpike Authority (NJTA) has received written notification from me (or either of us) of its termination in such time and in such manner so as to afford New Jersey Turnpike Authority and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Title _____
(please print)

Date _____ Authorized Signatory _____

PLEASE INCLUDE AN ORIGINAL VOIDED CHECK OR BANK LETTER WITH THIS FORM.

For NJTA use only:

Received by: _____ Date: _____