NEW JERSEY
NJ/ARM
ASSET & REBATE MANAGEMENT PROGRAM

ACH SETUP INSTRUCTIONS

Questions? Call 1-800-535-7829

Instructions: Complete this form **ONLY** if you would like the NJ/ARM Client Services Group to **add/remove** ACH instructions for your Entity. After completion, fax this form to the NJ/ARM Client Services Group at **1-800-252-9551**.

Note: *This form is only for ACH instructions. ACH payments are financial transactions handled through the Automated Clearing House (ACH). ACH payments are not the same as wire transfers and are not same-day transactions. Your new ACH instruction may take the NJ/ARM Client Services Group up to 24 hours to verify and set up on your account. Please take this into consideration when requesting a transaction. The ACH instructions and authorized signature below permit NJ/ARM, per your direction, to move money to the institution designated below from NJ/ARM or from the institution designated below to NJ/ARM. If the bank account listed below has ACH filters, please contact your bank to authorize NJ/ARM to process ACH transactions against your bank account.*

INVESTOR INFORMATION: (Please enter your Entity's name and Taxpayer Identification Number.)

Investor Name: _____ TIN: ___ - _____
(Taxpayer Identification Number)

INSTRUCTION DETAIL: (Please select an action type and complete the detail instructions below.) (* = Optional fields)

ACTION TYPE:

☐ *ADD* ☐ *REMOVE*

BANKING INFORMATION:

Bank Name: _____ Bank Account #: _____

ACH ABA or Routing #: _____ Account Name: _____

*Addendum Details: _____ *Nickname: _____
(Unique name to identify this instruction)

Bank Account Type: ☐ Checking ☐ Savings

Please add/remove the above instructions to/from the account(s) listed below: (Please list the specific NJ/ARM account(s) below.)

1. _____	6. _____	11. _____	16. _____
2. _____	7. _____	12. _____	17. _____
3. _____	8. _____	13. _____	18. _____
4. _____	9. _____	14. _____	19. _____
5. _____	10. _____	15. _____	20. _____

TRANSACTION REQUEST: (Complete this section to initiate a transaction using the new instructions above. Transactions may take 24 hours to process.)

NJ/ARM Account: _____ Transaction Date: _____

$ Amount: _____ Transaction Type: ☐ Purchase *(Move funds **to** the NJ/ARM account listed)*

☐ Redemption *(Move funds **from** the NJ/ARM account listed)*

SIGNATURE: (Please have a Contact authorized per Program records sign below.)

X *Please print form and sign with blue or black ink.*

Authorized Signature	**Date**	**Phone #**
Print or Type Name of Authorized Signatory	**Title/Position**	**Email Address**

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: NJ/ARM Client Services Group 1-800-252-9551	**MAIL TO:** NJ/ARM Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

Print Form

Clear Form