

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS  
AND DIRECT PAYMENTS (ACH CREDITS)**

Vendor Name	Vendor# (Required)
<input type="text"/>	<input type="text"/>

Mailing Address

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

\_\_\_\_\_, hereinafter called VENDOR, hereby authorize(s) The Port Authority of New York and New Jersey (PANYNJ), to initiate credit entries and debit corrections to its Checking Account(s) indicated below at the depository financial institution named below, and to credit the same to such account. Credit entries will be made to the VENDOR's account in accordance with the separate instructions of, or as agreed upon by, the VENDOR. VENDOR agrees to confirm identification of the account at the time of the initial credit entry to such account and to notify PANYNJ immediately if an incorrect entry is posted to the account.

VENDOR acknowledges and agrees that it is bound by, and that the origination of ACH transactions to its account must comply with, applicable provisions of the U.S. law, the National Automated Clearing House Association Operating Rules and Operating Guidelines. VENDOR certifies that all funds credited to the account are funds of the VENDOR and that the account shall not be used for funds belonging to any third party.

Depository Institution	<input type="text"/>	Branch	<input type="text"/>
City	State	Zip	
Routing Number	Account Number		
<input type="text"/>	<input type="text"/>		
Country	Account Type	Currency	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**THE PORT AUTHORITY OF NY & NJ**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS  
AND DIRECT PAYMENTS (ACH CREDITS)**

This authorization supercedes and replaces all prior authorizations for direct deposits and direct payments and shall remain in full force and effect until the Port Authority of New York and New Jersey (PANYNJ) has received written notification from VENDOR of its termination in such time and in such manner as to afford the PANYNJ and the depository financial institution(s) a reasonable opportunity to act on it.

---

Vendor Name	
-------------	--

---

Name	Title	Telephone#
Date	Authorized Signature(s)	

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PAYMENT REMITTANCE: At this time, payment remittance information is to be sent via CCD transaction. Payment remittance information is to be sent to Account Receivable Representative below.

---

Name	
E-mail	Or Fax:

**RECEIVER SIGNATURE**

---

By	Print Name	Date
----	------------	------

KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS