

**New Jersey State Department of Health
HEALTH CARE SUBSIDY FUND
PO Box 360
Trenton, NJ 08625-0360**

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS/DEPOSITS

State Name New Jersey State Department of Health Health Care Subsidy Fund / AMBULATORY CARE ASSESSMENT		Facility Name and Address	
<p>I (We) hereby authorize the New Jersey State Department of Health hereinafter called STATE, to initiate debit/credit entries to the ambulatory care facility's checking account indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit/credit the same to such account.</p> <p>All such debits/credits shall be made in accordance with the requirements of P. L. 2010, c. 23 as amended which stipulates that the uniform gross receipts assessment shall be applied at the rate of 2.95% to each facility subject to the assessment, for deposit in the Health Care Subsidy Fund.</p>			
Depository Name		Branch	
City		State	Zip Code
Bank Transit/ABA Number		Account Number	
<p>This authority is to remain in full force and effect until STATE has received written notification from the facility's authorized agent of its termination in such time and in such manner as to afford STATE a reasonable opportunity to act on it.</p>			
Name of Authorized Agent (1)		Title	
Signature		Date	
Name of Authorized Agent (2)		Title	
Signature		Date	
Facility License Number	Telephone Number(s)	Email Address	

Distribution: Original – Facility
Copy – State of New Jersey

Automated Clearing House (ACH)

Facilities may make Ambulatory Care Assessment payments through the ACH payment method. This ACH process is a secure online banking system with the Bank of America.

The Department of Health, Financial Services Office, initiates an ACH draw from your designated bank account. **As the payments become due, you will receive an email notice from our office approximately 2 weeks prior to the due date, confirming the date of the draw.** Once enrolled, you may opt out at any time. To enroll, please [click here](#) for the ACH enrollment form or contact Dawn McNamara at dawn.mcnamara@doh.nj.gov or 609-633-6800 to receive the necessary form. Once completed, return to the department attention via email, fax (609-633-1705) or mail to:

For regular mail:

New Jersey Department of Health
Financial Services- Dawn McNamara
PO Box 360
Trenton, NJ 08625-0360
Telephone: 609-376-8538

For overnight delivery (Suggested):

New Jersey Department of Health
Financial Services- Dawn McNamara
369 South Warren St. 7th Floor
Trenton, NJ 08608
Telephone: 609-376-8538

*****Note: If your facility is already enrolled for ACH payments, no further action is required*****