# ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

**TAXPAYER INITIATED PAYMENT THROUGH TAXPAYER BANK WITHHOLDING, CORPORATE TENTATIVE, & S-CORPORATION ESTIMATED**

**ACH-WHC**

State of Delaware
Division of Revenue
PO Box 8754
Wilmington, DE 19899-8754
(302) 577 8231
Fax (302) 577 8203

Mail completed form to: DF57120019999V1

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## A TAXPAYER INFORMATION

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>TAXPAYER ID</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CONTACT PERSON</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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</tbody>
</table>

- '>' SELECT ONE OPTION
  - ESTABLISH NEW ACH ARRANGEMENT
  - MODIFY EXISTING ACH ARRANGEMENT

## B ENTITY INFORMATION

- '>' SELECT ONE OPTION
  - SOLE PROPRIETORSHIP
  - LLC- NON-ELECT INDIVIDUAL
  - PARTNERSHIP
  - CORPORATION
  - SUB-CHAPTER S CORPORATION
  - FEDERAL GOVERNMENT
  - COOPERATIVE
  - HOLDING/INVESTMENT COMPANY
  - NON-PROFIT CORPORATION
  - EMPLOYER - DOMESTIC EMPLOYEE(S)
  - WITHHOLDING AGENT ONLY

- BANK
- INSURANCE COMPANY
- LIMITED LIABILITY PARTNERSHIP
- LLC - PARTNERSHIP
- LLC - CORPORATION
- QSSS
- DELAWARE COUNTY GOVERNMENT
- DELAWARE MUNICIPAL GOVERNMENT
- OTHER STATE GOVERNMENT AGENCY
- FIDUCIARY (ESTATE OR TRUST)

## C LICENSE INFORMATION

- '>' SELECT ONE OPTION
  - WITHHOLDING TAX PAYMENTS
  - CORPORATE TENTATIVE TAX PAYMENT

<table>
<thead>
<tr>
<th>TAX TYPES</th>
<th>01106</th>
<th>02101</th>
</tr>
</thead>
<tbody>
<tr>
<td>01106</td>
<td>S CORPORATION ESTIMATED TAX PAYMENTS</td>
<td>14982</td>
</tr>
</tbody>
</table>

I hereby authorize the State of Delaware, Division of Revenue, to grant authority for the above named taxpayer to initiate Automated Clearing House transactions to the Division of Revenue’s bank account. I understand these transactions must be in the NACHA CCD+ format, using the Tax Payment Convention and may only be initiated for the tax types that have been registered for Electronic Funds Transfer payments by the State of Delaware, Division of Revenue. I will initiate an ACH Pre-Note through my financial institution within (6) days prior to start-up of service.

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Please email the completed authorization form to rev_grossreceiptsach@delaware.gov

Mail completed form to:
State of Delaware
Division of Revenue
PO Box 8754
Wilmington, DE 19899-8754
(302) 577 8231
Fax (302) 577 8203