



DELAWARE F O R M

DIVISION OF REVENUE **ACH-WHC**



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT TAXPAYER INITIATED PAYMENT THROUGH TAXPAYER BANK WITHHOLDING, CORPORATE TENTATIVE, & S-CORPORATION ESTIMATED

A TAXPAYER INFORMATION

BUSINESS NAME	
ADDRESS	
CITY	
STATE	ZIP

TAXPAYER ID	PHONE NUMBER
CONTACT PERSON	

- SELECT ONE OPTION**
- ESTABLISH NEW ACH ARRANGEMENT
- MODIFY EXISTING ACH ARRANGEMENT

B ENTITY INFORMATION

SELECT ONE OPTION

OWNERSHIP TYPE	
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LLC- NON-ELECT INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUB-CHAPTER S CORPORATION <input type="checkbox"/> FEDERAL GOVERNMENT <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> HOLDING/INVESTMENT COMPANY <input type="checkbox"/> NON-PROFIT CORPORATION <input type="checkbox"/> EMPLOYER - DOMESTIC EMPLOYEE(S) <input type="checkbox"/> WITHHOLDING AGENT ONLY	<input type="checkbox"/> BANK <input type="checkbox"/> INSURANCE COMPANY <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> LLC - PARTNERSHIP <input type="checkbox"/> LLC - CORPORATION <input type="checkbox"/> QSSS <input type="checkbox"/> DELAWARE COUNTY GOVERNMENT <input type="checkbox"/> DELAWARE MUNICIPAL GOVERNMENT <input type="checkbox"/> OTHER STATE GOVERNMENT AGENCY <input type="checkbox"/> FIDUCIARY (ESTATE OR TRUST)

C LICENSE INFORMATION

SELECT ONE OPTION

TAX TYPES			
<input type="checkbox"/> WITHHOLDING TAX PAYMENTS	01106	<input type="checkbox"/> S CORPORATION ESTIMATED TAX PAYMENTS	14982
<input type="checkbox"/> CORPORATE TENTATIVE TAX PAYMENT	02101		

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.

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