ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT
ATTN: ELECTRONIC FUNDS COORDINATOR
STATE OF DELAWARE, DIVISION OF REVENUE
P.O. BOX 8754
WILMINGTON, DE 19899-8754
PHONE: (302) 577-8231
FAX: (302) 577-8203

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

FEDERAL ID #: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

PLEASE CHECK APPLICABLE BOX

ESTABLISH NEW EFT ACCOUNT	MODIFY EXISTING SET-UP

SELECT THE TYPE OF TAX TO BE PAID, PLEASE USE THE LIST BELOW.

_____ 07330 FOR TOBACCO PRODUCTS TAX PAYMENTS

_____ 07430 FOR HOTEL/MOTEL LODGING TAX PAYMENTS

_____ 15030 FOR UTILITY TAX PAYMENTS

_____ 04930 FOR TELECOMMUNICATIONS TAX PAYMENTS

_____ 04630 FOR ALL OTHER GROSS RECEIPTS TAX PAYMENTS

_____

SELECT PAYMENT OPTION

☐ ACH CREDIT OPTION – TAXPAYER INITIATES PAYMENT THROUGH THEIR OWN BANK

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 six (6) days prior to start-up of service.

Authorized Signature: _____ Date: _____

PLEASE EMAIL THE COMPLETED AUTHORIZATION FORM TO **REV_grossreceiptsach@state.de.us.**

ACH CREDIT SPECIFICATIONS
STATE OF DELAWARE, DIVISION OF REVENUE
ACH CREDIT CCD PLUS ADDENDA FORMAT (CCD+)

The Division of Revenue requests that you originate an ACH Pre-Note through your financial institution within six (6) days prior to start-up of service. All pre-notes should be verified through your financial institution.

Your company should originate a cash transition for one cent prior to the start-up of service. This small transaction would be a complete test of all information required for the addenda record. The status of this transaction may be verified with the Division of Revenue.

ACH CREDIT TRANSMISSION INFORMATION
Beneficiary Bank ABA Number - 031000037
Beneficiary Bank Name/Location - BNY Mellon, Pittsburgh, PA
Beneficiary Bank Account Number - 8218976

Field Name	Field Contents
Segment Identifier	TXP
Separator	*
Taxpayer Identification	XXXXXXXXXXXXX
Separator	*
Tax Type Code	XXXXX
Separator	*
Tax Period End Date	YYMMDD
Separator	*
Amount Type Code	T
Separator	*
Amount	$$$$$$$$cc
Segment Terminator	\

UTILITY TAX EXAMPLE: TXP*1123456789001*15030*150131*T*123400

TOBACCO PROD EXAMPLE: TXP*1123456789001*07330*150131*T*123400

ALL FIELDS MUST BE INCLUDED IN YOUR RECORD AND BE PROPERLY FORMATTED TO CREDIT YOUR ACCOUNT.

CCD+ FORMAT EXPLANATION

Segment Identifier: TXP identifies the payment as a tax payment.

Taxpayer Identification Number: This is your Federal Identification Number, preceded by the number "1", and followed by a suffix which is usually "001".

Tax Type Code(s)

07330 has been reserved for taxpayers filing Tobacco Products tax payments.

07430 has been reserved for taxpayers filing Hotel/Motel Lodging tax payments.

15030 has been reserved for taxpayers filing Utility tax payments.

04930 has been reserved for taxpayers filing Telecommunications tax payments.

04630 has been reserved for taxpayers filing all other Gross Receipts tax payments.

Tax Period End Date: This date identifies the specific payment period pertaining to each of your transactions.

Amount Type Code: This identifies the amount of the tax payment. Please use the alpha character "T". This indicates a TAX payment.

Amount: Enter the amount of tax that you want to pay. This field is a numeric field with two decimal places to the right of an implied decimal point. The decimal point is not transmitted. Please end the addenda with the segment terminator. This procedure is in keeping with the TXP convention which defines the amount field as an N2 type date element. Thus, $1234.00 would be presented as follows: 123400\.