

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

ATTN: ELECTRONIC FUNDS COORDINATOR
THE 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

Table with 3 columns: ESTABLISH NEW EFT ACCOUNT, MODIFY EXISTING SET-UP, CHANGE BANK ACCOUNT. Each column has a corresponding empty box for selection.

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

_____ 01106 FOR DELAWARE WITHHOLDING TAX PAYMENTS

_____ 02101 FOR CORPORATE TENTATIVE TAX PAYMENTS

_____ 14982 FOR "S" CORPORATION ESTIMATED TAX PAYMENTS

SELECT PAYMENT OPTION

ACH DEBIT OPTION - TAXPAYER PHONES IN TAX PAYMENT

I hereby authorize the State of Delaware, Division of Revenue, upon my initiation only, to accept Automated Clearing House transactions as payment on any account. I also authorize the State of Delaware, Division of Revenue, to release any of the taxpayer and financial institution information, as deemed necessary to enable payment by electronic funds transfer, to the data collection service selected by the Division. This authorization is to remain in full force and effect until the State of Delaware Division of Revenue has received written notification of change.

Enter bank account information in the space provided below; this account information should pertain to the account from which you wish the tax payments to be drawn using the ACH debit method of payment. ATTACH ONE of the following: A voided check, a completed micro spec sheet, or letter from your bank verifying the bank account information listed below.

Table with 3 columns: Bank Routing & Transit #, Bank Account Number, Type of Bank Account. Each column has a corresponding empty box for entry.

OR

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 MAIL THE COMPLETED AUTHORIZATION FORM TO THE ADDRESS LISTED ABOVE.