

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER



- New EFT account Change EFT method** Changed contact name and/or address

Taxpayer Information

Taxpayer name

Contact name

Mailing address (street, apt., route)

Mailing address (street, apt., route)

City, State, Zip

Phone number

Fax number

E-mail Address

Bulk Tax Filer Information

Bulk Tax Filer Name

Contact Name

Mailing address (street, apt., route)

Mailing address (street, apt., route)

City, State, Zip

Phone number

Fax number

E-mail Address

Taxes to be paid using EFT:

Tax Type Code	KY ID Number	Business Name	FEIN

**Last payment date under old ACH Method __ __ / __ __ / __ __

ACH Debit - taxpayer initiates through the Department of Revenue

I authorize the Kentucky Department of Revenue (DOR) to initiate debit entries to the above-named taxpayer's account(s). This authority will remain in effect until DOR has received written notification of its termination at least 30 days prior to the effective date. (Must complete bank information below.)

ACH Credit - taxpayer initiates through own bank

I hereby request DOR to grant authority for the above-named taxpayer to initiate Automated Clearing House credit transactions to DOR's bank account. I understand these must be in the NACHA CCD+ format using the TXP convention and may only be initiated for the tax types listed above. Failure by the taxpayer to include suitable TXP convention with payment will result in a delay to proper posting of credit.

Bank name

Phone Number

Bank account number (not to exceed 17 digits)

Authorized Signature

Date

Bank routing and transit number (requires 9 digits)

Type of Account

checking

savings

Authorized Signature

Date

Return copy to: Kentucky Department of Revenue, Electronic Commerce, P.O. Box 181, Station 21, Frankfort, KY 40602-0181 Phone 1-800-839-4137 Fax: (502) 564-6842