

AUTHORIZATION INSTRUCTIONS & AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) FOR EXCISE TAX PAYMENTS

Please Check One
(DOR Use Only)

- New
 Change

Bank Location

No. _____
 ELF
(Touch Tone)

Important: *The information provided on this form does not give the Washington State Department of Revenue (DOR) or the Department's bank authorization to withhold from your account funds not authorized for payment to the Department.*

DOR Tax Reporting Account Number

Instructions on Back

I

Business Ownership (<i>Legal Entity</i>)		<input type="checkbox"/> Check here if name change
Firm/Trade Name (<i>DBA</i>)		
Mailing Address (<i>Street Address, Box Number, City, State, Zip</i>)		
E-mail Address		Fax Number ()
Contact Name	Title	Phone ()
Contact Name	Title	Phone ()

II **Automated Clearing House (ACH) Debit**

Select one method: Touch-Tone Voice

I will be responsible for contacting the ACH Network, specifying the amount and effective date of my payment. I hereby authorize DOR's designated bank to obtain authorized debit entries for such payments to the bank account listed below. My bank is authorized to debit such account. This authority is to remain in full force until EFT payments are no longer required or until mutual agreement between DOR and Taxpayer can be reached.

Name on Bank Account	Checking Account Number
Bank Name	Transit & Routing Number
Branch	<i>Please Attach a Copy of Voided Check</i>

III **Automated Clearing House (ACH) Credit**

I will be responsible for contacting my bank, indicating the amount I want sent and having the transaction completed timely for funds to be received by the Department of Revenue on or before the EFT Due Date. DOR is requested to grant authority for the above named taxpayer to initiate ACH credit transactions to DOR's bank account. Please see instructions on reverse side of this form for payment format requirements.

IV **Electronic Refund Information**

Electronic refunds may be provided for taxpayers paying electronically. Please indicate below the bank information necessary to credit the account for refunds. A refund check will be processed if this section is not completed.

Name on Bank Account	Checking Account Number
Bank Name	Transit & Routing Number
Branch	<i>Please Attach a Copy of Voided Check</i>

V **Authorized Representative Signature(s)**

Name	Title
Signature	Date
Name	Title
Signature	Date

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION FORM

GENERAL

Please type or print clearly using black ink. **If this is a change, fill out the form completely as this will replace any previous authorization form.** Return the original copy to: The Department of Revenue, Electronic Funds Transfer, PO Box 47476, Olympia WA 98504-7476. Keep the canary copy for your records.

SECTION I

Fill out all blocks with required information. We suggest the first contact name be the one making the EFT payment and the second name be a supervisor or alternate person.

SECTIONS II AND III (*Complete one of these sections, **not both.***)

If you choose **ACH Debit**, complete Section II. Please check the appropriate box and complete **every** block of information for that method. The "Transit and Routing Number" is the bank identification number located on the lower left portion of the check. Make sure to indicate the method of communication to report your payment information (Touch-Tone, Voice or Terminal). ***Please attach a copy of a voided check when choosing the Debit option.***

Electronic Filing (ELF) is a method of filing a tax return using the Department's Internet program. ACH Debit payments are submitted at the time of filing. Should the program be unavailable, an alternative method of payment will be needed. ELF taxpayers will receive Touch-Tone instructions from the Department's bank to use as backup instructions only.

If you choose **ACH Credit**, please check the appropriate box in Section III. These payments must be in the National Automated Clearing House Association (NACHA) Cash Concentration or Disbursement Plus (CCD +) format using the Tax Payment Convention (TXP) and may only be initiated for EFT tax payments to DOR.

Refer to the EFT Due Date flier to ensure timely payments for both ACH Debit & Credit

SECTION IV

EFT legislation provides for electronic refunds to participating taxpayers. Your bank account information is requested to process an electronic refund. **Omission of this information will result in a refund check being processed and issued directly to the Taxpayer at its business mailing address.**

If you do **not** want to receive EFT refunds, skip this section.

SECTION V

Signatures authorize all agreements and information provided in this agreement.

QUESTIONS/CHANGES

If you have any questions or future changes regarding the information on this form, please contact an EFT representative at (360) 902-7170.

For tax assistance visit <http://dor.wa.gov> or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.