

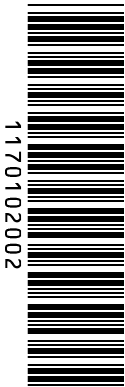
Electronic Funds Transfer Authorization Agreement

North Carolina Department of Revenue

Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) <input type="text"/>			Federal Employer ID Number Office Use Only <input type="text"/> - <input type="text"/> <input type="text"/>	
Address <input type="text"/>			Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip Code (First 5 digits) <input type="text"/>	Fill in applicable circle: <input type="radio"/> Initial registration - mandatory participant <input type="radio"/> Initial registration - voluntary participant <input type="radio"/> Change of Information/Bank Change (Effective Date: _____)	
Name of Contact Person <input type="text"/>		Phone Number <input type="text"/>		
Title <input type="text"/>		Fax Number <input type="text"/>		
Address <input type="text"/>			Account ID Number <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip Code (First 5 digits) <input type="text"/>	Fill in applicable circle for tax type: <input type="radio"/> Alcoholic Beverage <input type="radio"/> Sales & Use (Semimonthly only) <input type="radio"/> Corporate Income <input type="radio"/> Tobacco Products <input type="radio"/> Insurance Premium <input type="radio"/> Utilities Franchise <input type="radio"/> Motor Fuels <input type="radio"/> Utility & Liquor Sales & Use Tax <input type="radio"/> Piped Natural Gas <input type="radio"/> Withholding	

General Instructions

Complete Part 1 to choose the ACH Debit method. Fill in the circle in Part 2 to choose the ACH Credit method and attach the required justification.



Part 1. ACH Debit		
1. Payment Method Fill in applicable circle: <input type="radio"/> Touchtone <input type="radio"/> PC <input type="radio"/> Voice		
2. Financial Institution Name <input type="text"/>		
3. Financial Institution Address <input type="text"/>		
4. Account Type Fill in applicable circle: <input type="radio"/> Checking <input type="radio"/> Savings	5. Transit or Routing Number <input type="text"/>	6. Bank Account Number <input type="text"/>

Part 2. <input type="radio"/> ACH Credit (Attach justification.)

Part 3. Authorized Signatures (ACH Debit filers must complete both certifications. ACH Credit filers must complete the bottom certification.)		
I authorize the Department of Revenue to present debit entries for the bank account and the financial institution named above. Debit transactions will be presented only upon my express authorization and initiation and will pertain only to electronic funds transfer payments that are initiated for payment of North Carolina taxes.		
_____ Authorized Signature	_____ Title	_____ Date
I certify that the individual named above as the contact person is authorized to act on behalf of the taxpayer.		
_____ Authorized Signature	_____ Title	_____ Date

**MAIL TO: Electronic Funds Transfer Section,
North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0001**

Electronic Funds Transfer Authorization Agreement Instructions

Taxpayer Information

Name and Address

Enter the business name and address of the taxpayer.

Name and Address of Contact Person

This is the individual the Department will contact should there be any question about an EFT tax payment and to whom all correspondence about the EFT Program will be directed. You must attach a copy of the power of attorney if this person is not employed by the taxpayer but is authorized to execute and file tax returns on behalf of the taxpayer.

Federal Employer ID Number/SSN number

If the business is a corporation, provide the Federal Employer ID Number. If the business is a sole proprietorship, provide the owner's Social Security Number.

Mandatory or Voluntary Participant

As a mandatory participant, you must participate in the Program until further notified.

As a voluntary participant, you must participate in the Program for a minimum of twelve months. Upon completion of the twelve month period, you may withdraw from the Program provided you have notified the Department in writing at least 45 days prior to the first non-EFT payment.

Change of Information/Bank Change

If any information has changed since previously registering, such as the banking information or contact person, please complete a new authorization agreement with the updated information. Please provide the effective date of the bank change.

Account ID Number

Taxpayers remitting Corporate Estimated Taxes, Utilities Franchise Taxes, Piped Natural Gas Tax, or Insurance Premium Tax will use two zeros followed by the nine digit Federal Employer ID Number. For Motor Fuels Tax accounts, taxpayers will enter the eleven digit Account ID Number. For all other taxes, enter two zeros followed by the nine digit Account ID Number.

Tax Type

Fill in the circle for the appropriate tax type. If required or requesting to remit electronically for more than one tax type, you must complete a separate Electronic Funds Transfer Authorization Agreement for each tax type.

General Instructions

Payment Method

Select either ACH Debit in Part 1, or ACH Credit in Part 2.

Part 1. ACH Debit

- (1) Touchtone, PC, or Voice - Select a method for initiating your payments to the Department. All Debit taxpayers will receive security information that enables them to access the Department's Touchtone and Voice Debit Systems. Additionally, PC customers will receive a software package through which payments are initiated.
- (2) Financial Institution Name - Enter the name of the Financial Institution to which ACH Debit transactions are presented.
- (3) Financial Institution Address - Enter the address of the Financial Institution listed above.
- (4) Account Type - Indicate whether the account to be debited is a checking or savings account.
- (5) Transit or Routing Number - Obtain the nine digit Transit or Routing Number for ACH transactions from your financial institution.
- (6) Bank Account Number - Enter the bank account number to be debited.

Part 2. ACH Credit

Taxpayers may use this payment method only with Department approval. To request approval, submit a justification letter along with this application indicating the company's experience using this method. Experience includes ACH Credit use with the EFT Programs in other states or the Internal Revenue Service.

Part 3. Authorized Signatures

The Authorization Agreement must be signed by an individual authorized to act on behalf of the taxpayer. Generally, this is the person with the authority to sign a tax return. ACH Debit filers must complete both certifications. ACH Credit filers must complete the bottom certification.