



ACH Debit Payment Method Authorization Agreement

North Carolina Department of Revenue

Business Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) <input style="width:100%; height: 20px;" type="text"/> Address <input style="width:100%; height: 20px;" type="text"/> City State Zip Code (First 5 digits) <input style="width:40%; height: 20px;" type="text"/> <input style="width:10%; height: 20px;" type="text"/> <input style="width:40%; height: 20px;" type="text"/>	Federal Employer ID Number <input style="width:100%; height: 20px;" type="text"/> Office Use Only <input style="width:100%; height: 20px;" type="text"/>
Name of Contact Person Contact Phone Number <input style="width:40%; height: 20px;" type="text"/> <input style="width:40%; height: 20px;" type="text"/> Title of Contact Person Contact Fax Number <input style="width:40%; height: 20px;" type="text"/> <input style="width:40%; height: 20px;" type="text"/> Contact Business Name (If different than above) <input style="width:100%; height: 20px;" type="text"/> Address (If different than above) <input style="width:100%; height: 20px;" type="text"/> City State Zip Code (First 5 digits) <input style="width:40%; height: 20px;" type="text"/> <input style="width:10%; height: 20px;" type="text"/> <input style="width:40%; height: 20px;" type="text"/>	Social Security Number <input style="width:100%; height: 20px;" 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 (Effective Date: _____)

Part 1. Select ACH Debit payment method and tax type (Fill in applicable circle)

<input type="radio"/> Touchtone <input type="radio"/> Voice	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> Tax type available for these methods: (Select tax type by filling in applicable circle): <input type="radio"/> Insurance Premium </td> <td style="padding: 5px;"> Enter your Account ID for the tax type selected <input style="width:100%; height: 20px;" type="text"/> </td> </tr> </table>	Tax type available for these methods: (Select tax type by filling in applicable circle): <input type="radio"/> Insurance Premium	Enter your Account ID for the tax type selected <input style="width:100%; height: 20px;" type="text"/>	
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<input type="radio"/> Batch (must only be used to transmit 10 or more payments at a time). Note average number of payments to be transmitted per transmission _____ .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> Tax types available for this method: (Select tax type by filling in applicable circle): <input type="radio"/> Utility and Liquor Sales and Use <input type="radio"/> Tobacco Products <input type="radio"/> Machinery, Equipment, & Manufacturing Fuel <input type="radio"/> Alcoholic Beverage <input type="radio"/> Sales and Use <input type="radio"/> Withholding </td> <td style="padding: 5px;"> Enter your Account ID for the tax type selected <input style="width:100%; height: 20px;" type="text"/> </td> </tr> </table>	Tax types available for this method: (Select tax type by filling in applicable circle): <input type="radio"/> Utility and Liquor Sales and Use <input type="radio"/> Tobacco Products <input type="radio"/> Machinery, Equipment, & Manufacturing Fuel <input type="radio"/> Alcoholic Beverage <input type="radio"/> Sales and Use <input type="radio"/> Withholding	Enter your Account ID for the tax type selected <input style="width:100%; height: 20px;" type="text"/>	
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Part 2. Enter Banking Information

1. Financial Institution Name <input style="width:100%; height: 20px;" type="text"/>
2. Account type (Fill in applicable circle): <input type="radio"/> Checking <input type="radio"/> Savings
3. Transit or Routing Number 4. Bank Account Number <input style="width:150px; height: 20px;" type="text"/> <input style="width:300px; height: 20px;" type="text"/>

Part 3. Authorized Signatures

I authorize the North Carolina 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 ACH payments that are initiated for the payment of North Carolina taxes.

I certify that the individual named above as the Contact Person (if not employed by my business) is authorized to act on my behalf in regards to ACH Debit transactions for the tax type indicated.

Authorized Signature

Taxpayer Signature

Title

Date

Title

Date

ACH Debit Payment Method Authorization Agreement Instructions

Taxpayer Information

Business 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. If this person is not employed by the taxpayer, then the Contact Business Name and Address must be noted (i.e.: XYZ Payroll Service).

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. Indicate the date the changes should take effect. Normally, bank changes require 2-3 business days to be processed before a payment can be made.

Account ID Number

Taxpayers remitting Corporate Estimated Taxes, Utilities Franchise Taxes, Piped Natural Gas Tax, or Insurance Premium Tax will enter the nine digit Federal Employer ID Number after the 2 pre-filled zeros. For Motor Fuels Tax accounts, taxpayers will enter the eleven digit Account ID Number. For all other taxes, enter the nine digit Account ID Number after the 2 pre-filled zeros.

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 ACH Debit Payment Method Authorization Agreement for each tax type.

General Instructions

Part 1. Select ACH Debit payment method

Notice the different tax types available for each payment method. Select one method for initiating your payments and indicate the tax type.

For the ACH Debit Touchtone and Voice payment methods, notice that Insurance Premium ONLY is available for these payment methods. Taxpayers registering for Touchtone and Voice payment methods will receive security information that enable them to access the Department's Touchtone and Voice Debit systems.

Batch is an online payment method that is designed for tax service providers and companies that transmit a batch of 10 or more payments at a time (internet connection required). Enter the average number of payments to be transmitted at a time. If approved for this payment method, security information will be sent that will enable the batch of payments to be transmitted online.

Part 2. Entering Bank Information

- (1) Financial Institution Name - Enter the name of the Financial Institution to which ACH Debit transactions are presented.
- (2) Account Type - Indicate whether the account to be debited is a checking or a savings account.
- (3) Transit or Routing Number - Obtain the nine digit Transit or Routing Number for ACH transactions from your financial institution.
- (4) Bank Account Number - Enter the bank account number to be debited.

Part 3. Authorized Signatures

The taxpayer and/or the individual authorized to act on behalf of the taxpayer regarding ACH tax payments must sign this Authorization Agreement. The 1st signature line is for authorization of the ACH Debit transactions. The 2nd signature line is for the taxpayer to certify that the listed Contact Person (if not employed by the taxpayer) is authorized to act on behalf of the taxpayer in regards to ACH Debit transactions for the tax type indicated.

Other Payment Methods

For your convenience, other electronic payment methods are available through our website at www.dorn.com. Bank Draft (ACH Debit), Debit or Credit Card (Visa or MasterCard) may also be used to satisfy mandatory electronic payment requirements.

Taxpayers that wish to remit Streamlined Sales Tax by the ACH Debit payment method, may do so using the SSTP XML Payment Schema when submitting the Streamlined Simplified Electronic Return (SER) or separately. Both require the use of web services to submit XML Schema. Additional information about the Streamlined XML Schemas can be found on the website for the Streamlined Sales Tax Governing Board, Inc. at <http://www.streamlinedsalestax.org> by clicking on the SST Technology link.