EFT-100

10-06

Electronic Funds Transfer Authorization Agreement

North Carolina Department of Revenue

Name *(First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

Address

City **State** **Zip Code** ***(First 5 digits)***

Federal Employer ID Number Office Use Only

Social Security Number

Fill in applicable circle:

- Initial registration - mandatory participant
- Initial registration - voluntary participant
- Change of Information/Bank Change

(Effective Date: ____________)

Name of Contact Person **Phone Number**

Title **Fax Number**

Address

City **State** **Zip Code** ***(First 5 digits)***

Account ID Number

0 0

Motor Fuels Account ID Number

Fill in applicable circle for tax type:

- Alcoholic Beverage
- Corporate Income
- Insurance Premium
- Machinery, Equipment, & Manufacturing Fuel
- Motor Fuels
- Piped Natural Gas
- Sales & Use (Semimonthly only)
- Tobacco Products
- Utilities Franchise
- Utility & Liquor Sales & Use Tax
- Withholding

General Instructions

Complete Part 1 to choose the ACH Debit method. Complete Part 2 to choose the ACH Credit method.

Part 1. ACH Debit

1. Payment Method
   Fill in applicable circle: Touchtone Voice PC Software
2. Financial Institution Name
3. Account Type
   Fill in applicable circle: Checking Savings
4. Transit or Routing Number
5. Bank Account Number

Part 2. ACH Credit

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. Indicate the date the changes should take effect. Normally, bank changes require 2-3 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 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, Voice, or PC Software - Select a method for initiating your payments. All Debit taxpayers will receive security information that enable them to access the Department's Touchtone and Voice Debit Systems. PC Software is a dial-up only method that is designed for companies that transmit 10 or more payments at a time (a software package will be sent through which payments are initiated).
(2) Financial Institution Name - Enter the name of the Financial Institution to which ACH Debit transactions are presented.
(3) Account Type - Indicate whether the account to be debited is a checking or savings account.
(4) Transit or Routing Number - Obtain the nine digit Transit or Routing Number for ACH transactions from your financial institution.
(5) Bank Account Number - Enter the bank account number to be debited.

Part 2. ACH Credit

To make payments by ACH Credit, first contact your financial institution to confirm they offer ACH Credit origination services. After registering with the Department for the ACH Credit method, an Information Booklet with detailed instructions will be sent.

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.