EFT-100S
Web
11-06

Electronic Funds Transfer Authorization Agreement for Streamlined Sales Tax

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 - 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)***

Streamlined Sales Account ID
0 0 S

Fill in applicable circle for tax type:

○ Streamlined Sales and Use

General Instructions

Complete Part 1 and Part 2 to register for the ACH Credit method.

Taxpayers that wish to remit Streamlined Sales Tax by the ACH Debit 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 the 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. ACH Debit payments thru Touchtone, PC Software, or Voice input methods are not available for Streamlined Sales Tax in NC.

Part 1. ○ **ACH Credit payment method for Streamlined Sales and Use Tax**

Part 2. Authorized Signature
(ACH Credit filers must complete this certification.)

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.

Voluntary Participant

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.

Streamlined Sales Account ID

Taxpayers remitting Streamlined Sales and Use Tax will enter the Streamlined Sales Account ID after the 2 pre-filled zeros. A Streamlined Sales Account ID will begin with the letter S.

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

Part 1. 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 regarding formatting specifications will be sent.

Part 2. Authorized Signature

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 Credit filers must complete this certification.