pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280908
HARRISBURG, PA 17128-0908

AUTHORIZATION AGREEMENT FOR ELECTRONIC TAX PAYMENTS

Complete and return within 10 days of receipt.

Print in black ink or type.

1 Action Requested:

☐ Establish Electronic Funds Transfer (EFT) ☐ Change Contact Person Name, Business Name or Address ☐ Change Payment Method ☐ Change Bank Information

2 Taxpayer Business Name:

3 Federal EIN:

4 Mailing Address for EFT purposes:

C/O and Street Address or PO Box

City State ZIP Code

5 Name and Telephone of Individual in your Organization that Revenue May Contact Regarding EFT:

Last First M.I.

Area Code, Telephone Number and Extension

( ) –

ext.

6 E-mail Address of Contact Person:

7 Payment Method (check one):

NOTE: If your financial institution is outside the territorial jurisdiction of the U.S., you may not select ACH debit as your payment method.

☐ ACH Debit ☐ ACH Credit ☐ Certified/Cashier's Check

If you selected the ACH Debit option, complete Sections 8, 9 and 10.

If you selected the ACH Credit or Certified/Cashier's Check option, complete Sections 9 and 10.

8 Bank Information:

Enter the bank account information from which tax payments will be drawn using the ACH debit method. **If you use separate bank accounts to make different tax type payments, a separate Authorization Agreement must be completed for each account.**

Account Number:

Financial Institution

Transit Routing (ABA) Number:

City State ZIP Code

Account Type: ☐ Checking ☐ Savings

9 Tax:

Check the appropriate block(s) to indicate the tax(es) you will be paying by EFT. Enter the account number for each tax type. If you select the ACH debit option, the tax type(s) checked should fall under the bank account listed in Section 8 from which the payment(s) will be drawn.

1. ☐ Liquid Fuels and Fuels Tax — EIN ☐☐ – ☐☐☐☐☐☐☐

2. ☐ Motor Carriers Road Tax — Account Number ☐☐ – ☐☐☐☐☐☐☐☐

3. ☐ IFTA - Motor Carriers — Account Number ☐☐ – ☐☐☐☐☐☐☐☐

4. ☐ Malt Beverage Tax — Account Number ☐☐☐

5. ☐ Cigarette Stamp Agents — Account Number ☐☐☐

6. ☐ Pari-Mutuel — Account Number ☐☐☐

7. ☐ Unstampable Little Cigar Tax — License Number ☐☐☐☐☐☐☐☐

10 Authorized Signature Information:

I certify the information provided on this form is true and correct and authorize the PA Department of Revenue to use the information herein in direct conjunction with the EFT program.

Print Name: Last	First	M.I.	Title	Date
Signature			Telephone Number ( )	

Make a copy of this completed Authorization Agreement for your records. You may fax your completed Authorization Agreement to 717-787-0145, or mail it to the PA DEPARTMENT OF REVENUE, PO BOX 280908, HARRISBURG, PA 17128-0908.

For additional information on electronic filing visit **www.revenue.state.pa.us** or call 717-783-6277. Services for taxpayers with special hearing and/or speaking needs: 1-800-447-3020 (TT only).