



Form EFT: 001
2/07

ALABAMA DEPARTMENT OF REVENUE
EFT Unit

OFFICE USE ONLY

Electronic Funds Transfer Authorization Agreement
for ACH Credit Payment Method

P.O. Box 327950 • Montgomery, AL 36132-7950 • Telephone: 1-800-322-4106 • Fax (334) 242-0251

Taxpayer's Name: _____

Address: _____

City / State / ZIP: _____

Tax Type: _____ Tax Account No.: _____

Tax Type: _____ Tax Account No.: _____

Tax Type: _____ Tax Account No.: _____

Tax Type: _____ Tax Account No.: _____

Contact Person: _____ Phone: (_____) _____

Title: _____ Fax: (_____) _____

Email: _____

Address: _____

**IF YOU WISH TO REGISTER ADDITIONAL TAX ACCOUNTS,
ATTACH A SEPARATE SHEET GIVING THE TAX TYPE AND TAX ACCOUNT NUMBER.**

I/we hereby agree to comply with the Department's requirements for the ACH Credit Payment method. I/we also authorize the Department to update our payment method to ACH Debit if I/we repeatedly fail to correctly complete the payment transactions in accordance with the required procedures set forth by the Department.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Note: Taxpayers electing this payment method must provide a letter of justification. The form cannot be processed without this information.

**INSTRUCTIONS FOR:
Electronic Funds Transfer Authorization Agreement (Form EFT: 001)
for ACH Credit Payment Method**

ACH Credit Payment Method:

The ACH Credit payment method is a method available only to taxpayers with prior authorization of the Department. These transactions are initiated and generated by the taxpayer. Certain qualifying conditions must be met which demonstrate the existence of a valid business operational reason for using the ACH Credit payment method in lieu of the ACH Debit payment method.

Note: Taxpayers electing this payment method must provide a letter of justification. The form cannot be processed without this information.

The following information will enable you to fill out the application more accurately. All sections must be completed in order to process your request for the ACH Credit Payment method.

All applicants must complete the following information:

Taxpayer's Name/Address:

State the legal name of applicant, and the mailing address of the applicant.

Tax Type:

State the type of tax you are reporting. For example: Sales Tax, Sellers Use Tax, Consumers Use Tax, Rental Tax, Local Sales/Use Taxes, Utility Tax, Withholding Tax, Corporate Income Tax, Business Privilege, Tobacco Tax, Oil & Gas Severance Tax, etc.

Tax Account Number:

State the tax account number used to report the tax type as specified above. For example: Sales Tax Account Number 5100 12345; Sellers Use Tax Account Number 68SU-12345; Rental Tax Account Number 7668-12345; Local Sales/Use Tax Account Number 9501012345; Withholding Tax Account Number 0000123456; Corporate Income Tax Account Number 12-3456789. **Do NOT enter your Social Security Number.**

Contact Person/Title/Phone/Fax/Email/Address:

The EFT contact person is the individual whom the Alabama Department of Revenue will contact if there is a question concerning an EFT payment made by the taxpayer. Any correspondence concerning the Alabama EFT Tax Payment Program will be directed to your designated EFT contact person.

Signature:

The EFT Authorization Form must be signed by the owner or an officer of the company requesting the ACH Credit Payment method.

For additional information pertaining to the EFT Payment Program, please visit our Web site at <http://www.revenue.alabama.gov/eft/eftindex.html> or call 1-800-322-4106, option 7 for a representative.