

**AUTHORIZATION  
 AGREEMENT FOR  
 ELECTRONIC TAX PAYMENTS**

Complete and return within 10 days of receipt. Print in black ink or type.

**SECTION I ACTION REQUESTED**

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

**SECTION II TAXPAYER BUSINESS INFORMATION**

Taxpayer Business Name		FEIN	
Contact Person Name		Contact Person Title	
Contact Person Email Address		Business Telephone Number	

**SECTION III ADDRESS INFORMATION**

Street Address, or PO Box

City	County	State	ZIP Code
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Mailing Address (if different from above)

County	City	State	ZIP Code
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**SECTION IV PAYMENT METHOD**

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

- ACH Debit     
  ACH Credit     
  Certified/Cashier's Check

If you selected the ACH Debit option, complete Sections V, VI and VII.

If you selected the ACH Credit or Certified/Cashier's Check option complete Sections VI and VII.

**SECTION V BANK INFORMATION**

Enter the bank account information from which tax payments will be drawn using the ACH Debit method. Please contact your financial institution to remove any ACH Debit blocks from your bank account, and grant authorization for ACH Debit transactions to the PA Department of Revenue. **If you use separate bank accounts to make different tax type payments, a separate Authorization Agreement must be completed for each account.**

Financial Institution Name

City	State	ZIP Code
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Account Type:    Checking     Savings

Account Number	Transit Routing (ABA) Number
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**SECTION VI TAX INFORMATION**

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 V from which the payment(s) will be drawn.

1.  Cigarette Stamp Agents      Account Number

2.  Pari-Mutuel      Account Number

**SECTION VII CERTIFICATION**

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.

Name		Signature	
Title	Telephone Number		Date

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.pa.gov](http://www.revenue.pa.gov) or call 717-783-6277. Services for taxpayers with special hearing and/or speaking needs: 1-800-447-3020 (TT only).