



**AUTHORIZATION TO HONOR DRAFTS/AUTOMATED CLEARING HOUSE DEBITS FOR DEFERRED PAYMENT PLANS** **OFFICIAL USE ONLY**

**SECTION I FINANCIAL INSTITUTION INFORMATION**

|                               |   |  |                |
|-------------------------------|---|--|----------------|
| Name of Financial Institution |   |  |                |
| Street Address (Main Office)  |   |  |                |
| City                          |   |  | State          |
|                               |   |  | ZIP Code       |
| Routing Number                | Account Type<br><input type="radio"/> Checking <input type="radio"/> Saving |  | Account Number |

**SECTION II ACCOUNT OWNER INFORMATION**

|  |                     |
|--|---------------------|
| Account Owner (Individual or Company Name) |                     |
| Identification Number                      | Owner's FEIN or SSN |

**SECTION III CERTIFICATION**

I (we) request and authorize the financial institution named above to charge to the above-identified account drafts/ACH debits payable to the PA Department of Revenue, Harrisburg, PA 17128.

I (we) agree that the authenticity of a payment order from the PA Department of Revenue need not be verified. I (we) further agree that a payment order from the PA Department of Revenue is authorized until revoked, in writing, to both the financial institution and the PA Department of Revenue.

If the PA Department of Revenue cannot deduct the monthly payment from my (our) account due to insufficient funds or account closure, my (our) payment agreement will be cancelled and a penalty will be imposed. I understand that if verbal authorization has already been granted to the department, the ACH debits will begin, regardless of completion and return of this form.

|  |              |      |
|--|--------------|------|
| Signature of Account Owner                       | Phone Number | Date |
| Signature of Second Account Owner (if necessary) | Phone Number | Date |





# Instructions for REV-692

## Authorization to Honor Drafts/Automated Clearing House Debits for Deferred Payment Plans

REV-692 IN (ET+) 07-19

### GENERAL INFORMATION

This form authorizes monthly payments for deferred payment plans through electronic funds transfer (EFT) from a taxpayer's account to the PA Department of Revenue.

You must maintain a checking, savings or similar account at any financial institution that accepts ACH debits or drafts to be drawn on the account. If you do not have an account that provides checks, you may not use this form.

### LINE INSTRUCTIONS

#### SECTION I

#### FINANCIAL INSTITUTION INFORMATION

Complete two authorization forms as follows (Copies are not acceptable):

- Enter the name of the financial institution and the address of its main office (not a branch).
- Enter the routing number, the nine-digit number located at the bottom of a check. You are encouraged to contact your financial institution to verify the correct routing number.
- Check the type of account.
- Enter the account number.
- If the account identified is a checking account, attach a voided check or a clear photocopy of a check. The routing number, account number and bank name must appear on the check.

#### SECTION II

#### ACCOUNT OWNER INFORMATION

- Enter the name(s) of the account owner(s).

- If the account owner is an individual, enter his/her Social Security number. Enter the federal employer identification number, if appropriate. This number may identify the tax account that will receive credit for payments.

#### SECTION III

#### CERTIFICATION

- Sign and date the form. The individual signing the form must be authorized to sign checks. If two signatures are required on a check, two authorized individuals must sign this form.
- Provide a daytime telephone number where the PA Department of Revenue may contact you, should additional information be needed.

#### HOW TO FILE

Return the original, signed authorization form and voided check (or clear photocopy) to the office within the PA Department of Revenue handling the tax account. Use the return envelope provided for your convenience or find the appropriate address on the Revenue website, [www.revenue.pa.gov](http://www.revenue.pa.gov).



**IMPORTANT:** Retain a copy of this form for your records.

Promptly notify the PA Department of Revenue of any changes to information provided on this authorization form, and submit a new authorization form when appropriate.