

ACH Debit Payment Method Authorization Agreement

North Carolina Department of Revenue

Business Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)			Federal Employer ID Number	
Address			Office Use Only <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
City	State	Zip Code (First 5 digits)		
Name of Contact Person		Contact Phone Number		
Title of Contact Person		Contact Fax Number		
Contact Business Name (If different than above)				
Address (If different than above)				
City	State	Zip Code (First 5 digits)		
Fill in applicable circle: <input type="radio"/> Initial registration - mandatory participant <input type="radio"/> Initial registration - voluntary participant <input type="radio"/> Change of Information (Effective Date: _____)				

Part 1. Select ACH Debit payment method and tax type (Fill in applicable circle)

<input type="radio"/> Touchtone <input type="radio"/> Voice	Tax type available for these methods: (Select tax type by filling in applicable circle): Enter your Account ID for the tax type selected <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="radio"/> Insurance Premium <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">00</div> </div>
<input type="radio"/> Batch (must only be used to transmit 10 or more payments at a time). Note average number of payments to be transmitted per transmission _____ .	
Tax types available for this method: (Select tax type by filling in applicable circle): _____	
<input type="radio"/> Combined General Rate Sales and Use Tax Return (Utility, Liquor, Gas, and Other) Enter your Account ID/NCDOR ID for the tax type selected	<input type="radio"/> Machinery and Equipment <input type="radio"/> Tobacco Products <input type="radio"/> Withholding <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">00</div>
<input type="radio"/> Sales and Use <input type="radio"/> Alcoholic Beverage	(Federal Employer ID is required): _____ Enter your Motor Fuels Account ID/NCDOR ID
<input type="radio"/> Corporate Estimated <input type="radio"/> Insurance Premium	<input type="radio"/> Motor Fuels

Part 2. Enter Banking Information

1. Financial Institution Name _____

2. Account type (Fill in applicable circle): Checking Savings

3. Transit or Routing Number _____ 4. Bank Account Number _____

Part 3. Authorized Signatures

I authorize the North Carolina Department of Revenue to present debit entries for the bank account and the financial institution named above. Debit transactions will be presented only upon my express authorization and initiation and will pertain only to ACH payments that are initiated for the payment of North Carolina taxes.

I certify that the individual named above as the Contact Person (if not employed by my business) is authorized to act on my behalf in regards to ACH Debit transactions for the tax type indicated.

Authorized Signature

Taxpayer Signature

Title

Date

Title

Date