



**Authorization Agreement for  
Electronic Funds Transfer (EFT) of  
LWC Unemployment Tax Payments  
FOR ACH CREDIT AUTHORIZATION ONLY**

New Application  Update

Employer Name or Authorized Agent		*State ID#.	Federal ID#.
1ST Contact Person		Telephone	2nd Contact Person
Mailing Address for EFT purposes (Street Address, Box number)		Telephone	
Signature		Title	Date

**\* When filing for multiple employers, attach listing in the format below or list the State ID#, Federal ID#, and DBA Name in the space provided below.**

State UI No.	Federal Id No.	DBA (doing business as)
123456-7	99-9999999	ABC Company Inc.

**Mail/ Fax Agreement To:**  
**Fax(225) 342-5822/Phone(225)342-2955**  
**Louisiana Workforce Commission**  
**Office of Unemployment Insurance Administration**  
**EFT Processing/UI Accounting**  
**P. O. Box 94100**  
**Baton Rouge, LA 70804-9186**