

Division of Taxation
915 SW Harrison St
Topeka KS 66625-2007



Toll Free: 1-800-525-3901
Phone: 785-296-6993
FAX: 785-296-0153
www.webtax.org

Nick Jordan, Secretary
Steve Stotts, Director of Taxation

Department of Revenue

Sam Brownback, Governor

AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

(Complete, sign, and mail or fax this form to the Department of Revenue.)

New Account **Bank Change- Effective Date** _____ **Tax Account Info Change**

Kansas Tax Account Number _____
License Number _____ (Mineral Tax and Motor Fuel only)

Choose all tax types that apply:

- Consumers Compensating Use Mineral Retail Compensating
- Corporate Income Motor Fuel Retail Sales
- Franchise Privilege Withholding
- Gallonage

Office Use Only	
Filing Freq. _____	
PIN Number _____	
REG. ____	DATABASE _____
ADD. ____	MAIL DATE _____

Taxpayer Information (Please type or print)° **Email:** _____

Name _____ EFT Contact _____

Address _____ Phone Number _____

City , State Zip _____ FAX Number _____

Payroll/Tax Services: Email: _____

If you contract with a payroll/tax service or if you are with a service preparing this form for a taxpayer, please provide the name of the service and the contact person.

Service Name: _____ Contact Person: _____

Contact Phone Number: _____

ACH Debit Option

If ACH Debit is chosen, the information you provide the Kansas Department of Revenue gives us the authorization to debit your bank for the tax(es) identified above. Only you can initiate a debit by calling the state's system and indicating the amount of tax to be paid by electronic funds transfer.

Account Type: (check one) Checking Savings

NOTE: PLEASE ENCLOSE A VOIDED CHECK FOR VERIFICATION

Bank Name: _____ Bank Contact: _____

Phone Number: _____ Routing #:

Account #:

ACH Credit Option

If ACH Credit is chosen, you will be responsible for contacting your bank, indicating the amount you want sent and having the transaction completed timely for funds to be received by the Kansas Department of Revenue on or before the EFT due date. I hereby request the Kansas Department of Revenue to grant authority for the above named taxpayer to initiate ACH credit transactions to the State Treasurer's bank account. I understand these must be in the NACHA CCD+ format using the TXP convention.

Authorized Signature:

Signature : _____ Date: _____

Print Name: _____ Title: _____