



Electronic Services Unit
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AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

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

Radio buttons for New Account, Bank Change- Effective Date, and 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, Corporate Income, Franchise, Gallonage, Mineral, Motor Fuel, Privilege, Retail Compensating, Retail Sales, Withholding

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 #: [Digit boxes]

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: