



## Authorization Agreement for ACH Debit and Credit Tax Payments

 **New Application** (effective date):

 **Change Document** (effective date):

**PLEASE PRINT OR TYPE.**

Taxpayer name		Revenue Account Number	
Tax type – Enter the tax type name. <b>A separate authorization is required for each tax.</b>		Federal Identification Number (if applicable)	
Contact person	Telephone	Contact person	Telephone
Mailing address for EFT purposes (street address, box number)			
City		State	ZIP

### Electronic Payment Methods

 **ACH Debit**

I hereby authorize the Louisiana Department of Revenue to present debit entries into the bank account and the depository named below. The individual debit transactions will be presented only after being authorized and initiated by the taxpayer. These debits will pertain only to electronic funds transfer payments that the taxpayer has initiated for payment of Louisiana taxes.

Signature X		Title	Date
Bank name		Branch	
Bank contact person			Telephone
Bank account number		Type of account <input type="radio"/> Checking <input type="radio"/> Savings	
Transit and routing number		Name on bank account	

 **ACH Credit**

Before choosing the ACH Credit option, check with your financial institution to ensure that they can comply with the ACH Credit addenda record requirements. See *instructions for more information*.

**Mail Application to:**  
Louisiana Department of Revenue  
EFT Processing  
P.O. Box 3863  
Baton Rouge, LA 70821-3863

For office use only.	
Effective tax period	Initials

9805

