

Arizona Department of Revenue • EFT Unit

Comptroller's Office 1600 West Monroe • Phoenix, AZ 85007-2650

Fax: (602) 771-9913 www.azdor.gov

DOI	R USE ONLY	
	Credit	

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER AND DISCLOSURE AGREEMENT – FOR <u>CREDIT</u> FILERS

- Parts I and II must be filled out completely and the form must be signed.
- · This form is for ACH Credit Filers only.
- If you wish to use the ACH Debit Option, please register at www.AZTaxes.gov.

Part I: Taxpayer Information (required)

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1 BUSINESS NAME		7 EFT CONTACT NAME			
2 BUSINESS STREET ADDRESS 1		8 EFT CONTACT TITLE			
3 BUSINESS STREET ADDRESS 2		9 BUSINESS PHONE NUMBER (with area code)			
4 BUSINESS CITY	5 STATE 6 ZIP CODE	10 EFT CONTACT FAX NUMBER (with area code)			
Part II: ACH <u>Credit</u> Option	n ONLY				
☐ I hereby request that the A	rizona Department of Revenue	grant authority for the above-named taxpayer or their agent (Part I) to			
initiate ACH credit transactions to the Department of Revenue bank account. It is understood that these transactions must be in					
the NACHA CCD+ format	using the Tax Payment Conver	ntion and may be initiated for the tax type(s) specified in Part II.			

	the NACHA CCD+ format using the Tax Pa	lyment Convention and may be initiated fo	r the tax type(s) specified in Part II.
AZ TPT No:	11☐ Corporate Income Tax EIN:	12☐ Payroll Withholding Tax EIN:	13 Transaction Privilege & Use Tax AZ TPT No:

Part III: Disclosure Agreement

Check this box only if a third party not named on this form is being designated by the taxpayer indicated in Part I to receive
taxpayer confidential information from the Arizona Department of Revenue. By signing this form, the undersigned authorizes the
department to release confidential information relating to Arizona Department of Revenue Authorization Agreement and
Disclosure Agreement for Electronic Funds Transfer authorization to:

This Disclosure Agreement automatically revokes all earlier EFT authorization agreements and disclosure agreements on file
with the Arizona Department of Revenue. Check this box if you do not want to revoke a prior EFT authorization agreement and
disclosure agreement. You MUST attach a copy of any prior agreements you want to remain in effect.

Part IV: Signature

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This form is <u>not</u> a Power of Attorney and does no	ot grant the contact pers	son(s) any power of representation. This disclosure
•		g this form, I certify that I have the authority to execute d liability company(ies), trust(s), partnership(s), and/or
Taxpayer's Authorized Signature	Title	Date
Payroll / Accounting Service Group's Authorized Signature	Title	Date

NOTE: This form may be duplicated. Please make a copy for future use.