

DEPARTMENT OF FINANCE AND ADMINISTRATION

Authorization Agreement for Electronic Funds Transfer of Arkansas Withholding Tax

Arkansas Withholding Tax/Federal Identification Number: _____

Check one of the following boxes:

Initial Filing of the EFT Agreement Form

Change of Bank or Other Information

Are you a Tax Service Provider? YES

NO. (If yes, use ACH CREDIT only.)

PLEASE PRINT OR TYPE

A C T I V E C O N T A C T (S)	Name of Business or Organization: _____
	Primary EFT Contact Person: _____ Phone: () _____
	Address: _____ Fax: () _____
	City, State, Zip: _____
	Secondary EFT Contact Person: _____ Phone: () _____
	Address: _____ Fax: () _____
	City, State, Zip: _____
Signature of Owner, Partner, or Officer _____	Date _____

CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW

B D E B I T	Complete this section only if you choose the ACH DEBIT OPTION (See Instructions). An AUTHORIZED REPRESENTATIVE of your bank must complete and sign this section of the form.
	Bank Name: _____
	Bank Address: _____
	City, State, Zip: _____
	Bank Account # : _____ Routing/Transfer # : _____
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Name of Bank Representative (please print) _____
Signature of Bank Representative _____	Date _____
Signature of Owner, Partner, or Officer _____	Date _____

C R E D I T	Complete this section only if you choose the ACH CREDIT OPTION (See Instructions). An AUTHORIZED REPRESENTATIVE of your bank must complete and sign this section of the form.	
	Bank Name: _____	
	Bank Address: _____	
	City, State, Zip: _____	
	Name of Bank Representative (please print) _____	
	Signature of Bank Representative _____	Date _____
	Signature of Owner, Partner, or Officer _____	Date _____

Complete this form and return to:

EFT Withholding Branch, P. O. Box 8055, Little Rock, AR 72203-8055
Telephone: (501) 682-7299 - FAX (501) 683-1036

STATE OF ARKANSAS
WITHHOLDING TAX SECTION
Instructions for Filling Out the EFT-WH Form
Authorization Agreement for Electronic Funds Transfer

This Form is to be used for State of Arkansas Withholding Tax only. To file your State of Arkansas Withholding tax payments by Electronic Funds Transfer (EFT), enter your nine (9) digit State of Arkansas Withholding Tax Identification Number. This is usually your Federal Identification Number (FEIN). If you use one that is different from your FEIN, use the one that is issued to you by the State of Arkansas.

Check one of the next two boxes. The first box indicates this is your first time to file an EFT-WH form. The other box should be checked only if you are changing information.

Note: If you are changing banks or bank account information, you must re-file this form at least 30 days prior to your next payment date.

PART A – CONTACT

1. Enter the name of the business.
2. Enter the name, telephone number, and address of the primary EFT contact person for the business. This person must have knowledge of your EFT program and be able to answer questions, or provide information in case of technical problems.
3. Enter the name, telephone number, address, city, state and zip code of the secondary EFT contact person for the business. This person must have knowledge of your EFT program and be able to answer questions, or provide information in case of technical problems.
4. An authorized official of the business must sign and enter the date signed.

PART B – AUTOMATED CLEARING HOUSE (ACH) DEBIT

Choosing the ACH Debit option authorizes the Department of Finance and Administration or its agent to present debit entries to your bank for payment of your monthly withholding tax.

1. Enter your bank's name and address.
2. Enter the bank account number of the business and check the appropriate "Checking" or "Savings" box.
3. Enter your bank's Routing/Transfer number.
4. Enter your bank's authorized representative signing this form.
5. The authorized representative of your bank listed in Part "B" and an authorized official of the business must sign and enter the date signed.

NOTE: Before any debit entries are made to your bank account, you must first initiate the debit by calling the State's Service Bureau at its toll free number and indicate (1) the amount of the tax to be paid by EFT, (2) your Taxpayer ID or FEIN, (3) the tax type code, and (4) your monthly withholding tax period ending date. An information packet will be mailed to you from Bank of America after you register for EFT purposes.

PART C – AUTOMATED CLEARING HOUSE (ACH) CREDIT

Choosing the ACH Credit option requires you and/or your bank to have the capability of initiating ACH Credits in the CCD+TXP format.

1. Enter your bank's name and address.
2. Enter your bank's authorized representative signing this form.
3. The authorized representative of your bank listed in Part "C" and an authorized official of the business must sign and enter the date signed.

NOTE: You must initiate the Credit by contacting your bank, through modem, telephone or in person, and indicate (1) the amount of the tax to be paid by EFT, (2) your Taxpayer ID or FEIN, (3) the tax type code, and (4) your monthly withholding tax period ending date. Your bank will transmit the EFT payment to Bank of America through ACH. An information packet will be mailed to you from Bank of America after you register for EFT purposes.