

Josh Mandel  
OHIO TREASURER OF STATE



ACH Credit Authorization Agreement  
Electronic Funds Transfer

PART I Please type or print information	
Taxpayer Name	Contact Person
Mailing Address (Street Number, Box Number)	Telephone Number
City, State, Zip Code	Fax Number
E-mail Address	
PART II <input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> MODIFY ACCOUNT	
Federal ID Number	
_____ OHIO HORSE RACING TAX	
PART III ACH CREDIT OPTION (Taxpayer initiates payment through their Financial Institution)	
I hereby request the State of Ohio Treasurer's Office to grant authority for the above named taxpayer to initiate ACH Credit transactions to the State Treasurer's bank account. It is understood that these transactions must be in the NACHA CCD+ format using the TXP Payment Convention and may only be initiated for the tax type specified above.	
Authorized Signature	Date

MAIL: Treasurer of State of Ohio  
Attn: Electronic Payments Unit  
30 East Broad Street, 9<sup>th</sup> Floor  
Columbus, Ohio 43215-3461

[www.eft.tos.ohio.gov](http://www.eft.tos.ohio.gov)

Questions: Treasurer of State of Ohio  
EFT Help Line  
1-877-EFT-OHIO  
FAX : (614) 752-5377