Josh Mandel
OHIO TREASURER OF STATE
Authorization Agreement
Electronic Funds Transfer

PLEASE COMPLETE ONE AGREEMENT PER OHIO ACCOUNT NUMBER

Part I TAXPAYER INFORMATION (REQUIRED) **Please type or print information**	**Federal ID Number**
Taxpayer Name	**Contact Person**
Mailing Address (Street Number, Box Number)	**Telephone Number**
City, State, Zip Code	**Fax Number**
E-mail Address	

Part II TAX TYPE □ **NEW ACCOUNT** □ **MODIFY ACCOUNT**

OHIO IFTA ACCOUNT NUMBER

_____ □ **International Fuel Tax Agreement (IFTA)**

Part III ACH CREDIT OPTION

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 Office 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, 9th Floor
Columbus, Ohio 43215-3461

www.eft.tos.ohio.gov

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