

**Josh Mandel**  
**TREASURER of STATE of OHIO**  
**Authorization Agreement**  
**Electronic Funds Transfer**



PLEASE COMPLETE ONE AGREEMENT FORM FOR EACH OHIO TAX ACCOUNT NUMBER.

<b>PART I TAXPAYER INFORMATION (REQUIRED)</b> 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	

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT AN OHIO TAX ACCOUNT NUMBER.**

**PART II TAX TYPE**                       NEW EFT ACCOUNT                       MODIFY EFT ACCOUNT

**OHIO 911 WIRELESS ACCOUNT NUMBER**

# \_\_\_\_\_                       911 WIRELESS TAX

**Complete Part III for Ach Debit or Part IV for Ach Credit.**

**PART III ACH DEBIT OPTION (Taxpayer phones in tax payment)**

Financial Institution Name	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit & Routing Number	Bank Account Number

I hereby authorize the State of Ohio Treasurer's Office to process ACH Debit entries from the bank account specified above. This debit will pertain only to Electronic Funds Transfer Payments for the above named taxpayer.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PART IV ACH CREDIT OPTION (Taxpayer initiates payment through their bank)**

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 Funds Department 30 East Broad Street, 9 <sup>th</sup> Floor Columbus, Ohio 43215-3461	<a href="http://www.eft.tos.ohio.gov">www.eft.tos.ohio.gov</a>	Questions: Treasurer of State of Ohio EFT Help Line 1-877-EFT-OHIO FAX: (614) 752-5377
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