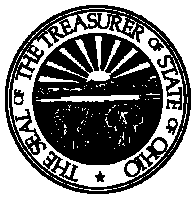
Josh Mandel
TREASURER of STATE of OHIO
Authorization Agreement
Electronic Funds Transfer



PLEASE COMPLETE ONE AGREEMENT FORM FOR EACH OHIO TAX 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	

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

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

CAT ACCOUNT NUMBER

_____ ☐ **COMMERCIAL ACTIVITY TAX (CAT)**

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** ☐ **Checking** ☐ **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, 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

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