

Josh Mandel
OHIO TREASURER OF STATE



ACH Credit Authorization Agreement
Electronic Funds Transfer
Please use Federal ID Number Only

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 Only	

PASS THROUGH ENTITY	
Please select form type <input type="checkbox"/> 1140 <input type="checkbox"/> 4708 <input type="checkbox"/> 1041	
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, 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