



Arizona Department of Revenue • EFT Unit
 1600 West Monroe, Room 320 • Phoenix, AZ 85007-2650
 Tel: (602) 716-7807 or 1-800-572-7037 • Fax: 1-602-716-7986
 www.azdor.gov

DOR USE ONLY	
<input type="checkbox"/>	Modify
<input type="checkbox"/>	Credit

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER AND DISCLOSURE AGREEMENT

Part I: Taxpayer Information (required)

1 BUSINESS NAME			7 EFT CONTACT NAME		
2 BUSINESS STREET ADDRESS 1			8 EFT CONTACT TITLE		
3 BUSINESS STREET ADDRESS 2			9 BUSINESS PHONE NUMBER (with area code)		
4 BUSINESS CITY	5 STATE	6 ZIP CODE	10 EFT CONTACT E-MAIL ADDRESS		

Part II: ACH Debit Option

Go to www.aztaxes.gov and complete the registration process online. Fax the AzTaxes registration form to (602) 716-7986. Once registered, to sign-up for the ACH Debit option, go to "Registration" and click the "ACH-Debit" link. Print the form and fax it to the number above.

Part III: Modifications to Existing Telephone Agreement ONLY

(Complete this section only if you are currently using the ACH-Debit Telephone option and need to change information.)

Check the tax type that requires action. Be sure to provide the EIN or state-issued license number for that tax type. If modifying account information, provide new account name and number, and routing/transit number. Fax the completed form to (602) 716-7986.

11 <input type="checkbox"/> Estimated Corporate Income Tax EIN: _____	12 <input type="checkbox"/> Payroll Withholding Tax EIN: _____	13 <input type="checkbox"/> Transaction Privilege & Use Tax AZ TPT No: _____
14 ACCOUNT NAME		15 ACCOUNT NUMBER
16 ACCOUNT TYPE <input type="checkbox"/> Checking	17 FINANCIAL INSTITUTION ROUTING/ TRANSIT NUMBER (ABA) <i>As shown on your check:</i>	

Part IV: ACH Credit Option

I hereby request that the Arizona Department of Revenue grant authority for the above-named taxpayer or their agent (Part I) to initiate ACH credit transactions to the Department of Revenue bank account. It is understood that these transactions must be in the NACHA CCD+ format using the Tax Payment Convention and may be initiated for the tax type(s) specified in Part II.

18 <input type="checkbox"/> Estimated Corporate Income Tax EIN: _____	19 <input type="checkbox"/> Payroll Withholding Tax EIN: _____	20 <input type="checkbox"/> Transaction Privilege & Use Tax AZ TPT No: _____
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Part V: Disclosure Agreement

Check this box only if a **third party not named on this form is being designated** by the taxpayer indicated in Part I to receive taxpayer confidential information from the Arizona Department of Revenue. By signing this form, the undersigned authorizes the department to release confidential information relating to Arizona Department of Revenue Authorization Agreement and Disclosure Agreement for Electronic Funds Transfer authorization to: _____

This Disclosure Agreement automatically revokes all earlier EFT authorization agreements and disclosure agreements on file with the Arizona Department of Revenue. *Check this box if you do not want to revoke a prior EFT authorization agreement and disclosure agreement. You MUST attach a copy of any prior agreements you want to remain in effect.*

This form is not a Power of Attorney and does not grant the contact person(s) any power of representation. This disclosure authorization is to remain in force until rescinded by the undersigned. By signing this form, I certify that I have the authority to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), partnership(s), and/or individual(s).

Taxpayer's Authorized Signature	Title	Date
Payroll / Accounting Service Group's Authorized Signature	Title	Date