

Division of Taxation
915 SW Harrison St
Topeka KS 66625-2007



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www.webtax.org

Nick Jordan, Secretary
Steve Stotts, Director of Taxation

Department of Revenue

Sam Brownback, Governor

AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

(Complete, sign, and mail or fax this form to the Department of Revenue.)

New Account **Bank Change- Effective Date _____** **Tax Account Info Change**

Kansas Tax Account Number **999-999999999F-99**

License Number _____ (Mineral Tax and Motor Fuel only)

Choose all tax types that apply:

- Consumers Compensating Use Mineral Retail Compensating
- Corporate Income Motor Fuel Retail Sales
- Franchise Privilege Withholding
- Gallonage

Office Use Only	
Filing F req. _____	
PIN Number _____	
REG. ____ DATABASE _____	
ADD. ____ MAIL DATE _____	

Taxpayer Information (Please type or print) Email: _____

Name **COMPANY LEGAL NAME** _____ EFT Contact Coreen Solano
c/o PayCycle, Inc.

Address 6884 Sierra Center Pkwy Phone Number (888) 927-7478

City, State Zip Reno, NV 89511 FAX Number (800) 536-1281

Payroll/Tax Services: Email: taxservicesetup@intuit.com

If you contract with a payroll/tax service or if you are with a service preparing this form for a taxpayer, please provide the name of the service and the contact person.

Service Name: PayCycle, Inc. Contact Person Coreen Solano

Contact Phone Number (888) 927-7478

ACH Debit Option

If ACH Debit is chosen, the information you provide the Kansas Department of Revenue gives us the authorization to debit your bank for the tax(es) identified above. Only you can initiate a debit by calling the state's system and indicating the amount of tax to be paid by electronic funds transfer.

Account Type: (check one) Checking Savings

NOTE : PLEASE ENCLOSE A VOIDED CHECK FOR VERIFICATION

Bank Name: _____ Bank Contact: _____

Phone Number: _____ Routing #:

Account #:

ACH Credit Option

If ACH Credit is chosen, you will be responsible for contacting your bank, indicating the amount you want sent and having the transaction completed timely for funds to be received by the Kansas Department of Revenue on or before the EFT due date. I hereby request the Kansas Department of Revenue to grant authority for the above named taxpayer to initiate ACH credit transactions to the State Treasurer's bank account and understand these must be in the NACHA CCD+ format using the TXP convention.

Authorized Signature :

Signature : **PRIMARY PRINCIPAL SIGNATURE** _____

Date: **MM/DD/YYYY** _____

Print Name: **PRIMARY PRINCIPAL** _____

Title: **TITLE** _____