



Arizona Department of Revenue • EFT Unit  
 1600 West Monroe, Room 225 • Phoenix, AZ 85007-2650  
 Fax: (602) 771-9913  
 www.azdor.gov

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

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER AND DISCLOSURE AGREEMENT –  
 FOR CREDIT FILERS**

- **Parts I and II must be filled out completely and the form must be signed.**
- This form is for ACH Credit Filers only.
- If you wish to use the ACH Debit Option, please register at [www.aztaxes.gov](http://www.aztaxes.gov).

**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 FAX NUMBER		

**Part II: ACH Credit Option ONLY**

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.

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: _____
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**Part III: 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.**

**Part IV: Signature**

**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

*NOTE: This form may be duplicated. Please make a copy for future use.*