



Iowa Authorization Agreement for Electronic Funds Transfer (EFT) by ACH Credit

This form authorizes the Iowa Department of Revenue to process variable EFT entries to your account, but only by your initiation.

Please PRINT your company name and address:

Tax Type: _____

Tax ID Number: _____

ACH Credit is available for the following Tax Types:

- Sales Tax
- Corporation Tax
- Motor Fuel Tax
- Withholding Tax
- Consumer's Use Tax
- Retailer's Use Tax

Please complete all information in the EFT CONTACT PERSON section. The Iowa Department of Revenue will contact you with additional instructions after your authorization agreement has been processed.

EFT CONTACT PERSON

EFT Contact Person (please print): _____ DATE: _____

Mailing Address of Contact Person: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

If a tax service will be making your payments, please complete the following information:

Tax Service Name: _____

Tax Service Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

<p>Complete this form and send it to: EFT Registration Iowa Department of Revenue PO Box 10413 Des Moines IA 50306</p>	<p>or fax it to: 515/281-5830</p>	<p>or e-mail it to: idreft@iowa.gov</p>
<p>92-116 (10/14/11)</p>		