Do Not Include This Page

NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

Instructions for Web Fill-In Forms

Getting Started

Save the PDF to your computer

Use the latest version of Adobe Acrobat Reader to complete the form.

Guidelines

Do not handwrite any information

Do not use commas when entering amounts

Do not use brackets for negative numbers. Use a minus sign to show the amount is negative.

Printing

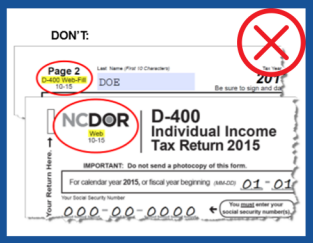
Use the print icon on the form to ensure you have completed all required fields.

Do not select “print on both sides of the paper.”

Set the page scaling to “none.” The Auto-Rotate and Center checkbox should be unchecked.

Before Sending...

Do not mix form types



Do not submit photocopies of returns. Submit original returns only.

NCDOR
Web-Fill
8-26

EFT-100C
ACH Credit Payment Method Authorization Agreement

PRINT CLEAR

Business Name *(First 40 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

Address

City **State** **Zip Code** *(First 5 digits)*

Federal Employer ID Number

Office Use Only

Name of Contact Person **Contact Phone Number**

Contact Email Address

Title of Contact Person **Contact Business Name** *(If different than above)*

Address *(If different than above)*

City **State** **Zip Code** *(First 5 digits)*

Social Security Number

Fill in applicable circle:

○ Initial Registration
○ Change of Information

(Effective Date:)

Part 1. Tax Type

Fill in applicable circle to select tax type:

○ Streamlined Sales and Use

Enter your Streamlined Sales Account ID: 0 0 S

○ Motor Fuels

Enter your Motor Fuels Account ID/NCDOR ID

○ Alcoholic Beverage
○ Sales and Use
○ Severance
○ Tobacco Products
○ Combined General Rate Sales and Use (Utility, Liquor, Gas, and Other)
○ Withholding
○ Transportation Commerce

Enter your Account ID/NCDOR ID for the tax type selected: 0 0

Fill in applicable circle for tax type *(Federal Employer ID Number is required)*:

○ Corporate Estimated ○ Insurance Premium

Part 2. Authorized Signature

I certify that the individual named above as the Contact Person (if not employed by my business) is authorized to act on my behalf regarding ACH Credit transactions for the tax type indicated.

All ACH transactions authorized under this agreement will be processed in accordance with applicable federal and state laws, as well as the Operating Rules and Guidelines of the National Automated Clearing House Association (NACHA). If any credit entry is returned unpaid, I understand that the outstanding tax liability remains due and any applicable penalties or fees may be assessed as provided law.

This authorization shall remain in effect until revoked by the undersigned in writing as described below and accepted by the NCDOR, provided such revocation is received at least ten (10) business days prior to the next scheduled debit.

Authorized Signor's Printed Name

Authorized Signature

Title

Date

☐ By checking the box and electronically signing this document, you certify that you are an authorized signor on this account and consent to conduct this transaction electronically. You acknowledge that you have read and agreed to the terms of this transaction. Your electronic signature is legally valid and enforceable under Articles 11A (Electronic Commerce Act) and 40 (Uniform Electronic Transactions Act) of Chapter 66 of the North Carolina General Statutes and the U.S. Electronic Signatures in Global and National Commerce Act (ESIGN). This record contains confidential tax information under G.S. 105-259 and will be retained in a secure, accurate, and accessible electronic format until revoked or superseded. This authorization shall remain in effect until revoked in writing by the account holder via **EMAIL TO:** NCTaxEpay@ncdor.gov or by **MAIL TO:** Electronic Payments Unit, North Carolina Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0001 or, by completing a new copy of this form. NCDOR must be notified of the revocation at least ten (10) business days prior to the next scheduled credit.

If an electronic transfer cannot be completed due to insufficient funds or the nonexistence of an account, a penalty for bad electronic funds transfer may be assessed equal to 10% of the amount of the tax (maximum penalty $1,000.00) as provided for in G.S. 105-236(1a) of the North Carolina Revenue Laws.

ACH Credit Payment Method Authorization Agreement Instructions

Taxpayer Information

Business Name and Address
Enter the business name and address of the taxpayer.

Name, Email Address and Address of Contact Person
This is the individual the Department will contact should there be any questions about an EFT tax payment and to whom all correspondence about the EFT Program will be directed. Provide the contact person's name, phone number, email address, and title. If the contact person is not employed by the taxpayer, the fields Contact Business Name and Address must be provided if different from the taxpayer. (i.e., XYZ Payroll Service).

Federal Employer ID Number/Social Security Number
Enter the Federal Employer ID Number or the Social Security Number that was used to register your business with the North Carolina Department of Revenue.

Change of Information
If any information has changed since previously registering, such as the business name, contact person, or Account ID, please complete a new authorization agreement with the updated information. Indicate the date the changes should take effect. Normally, changes require 2-3 business days to be processed before becoming effective.

Tax Type
Fill in the circle for the appropriate tax type. If required, or requesting, to remit electronically for more than one tax type, a separate ACH Credit Payment Method Authorization Agreement is not required if the Account ID/NCDOR ID numbers are the same. However, if the Account ID/NCDOR ID numbers are different, a separate agreement is required.

Account ID Number/NCDOR ID
Enter your Account ID or NCDOR ID number assigned to you by the North Carolina Department of Revenue.

If your tax type requires an Account ID/NCDOR ID, please enter it in the boxes after the two pre-filled zeros next to the appropriate tax type selection. Streamlined Sales and Use should register and pay using the Streamlined Sales and Use section by entering the Streamlined Sales account ID.

General Instructions

ACH Credit Payment Method
To make payments by ACH Credit, first contact your financial institution to confirm they offer ACH Credit origination services. After registering with the Department for the ACH Credit method (by submitting a completed ACH Credit Payment Method Authorization Agreement), please review the ACH Credit Instructions and Guidelines on our website ncdor.gov/documents/ach-credit-instructions-and-guidelines.

Authorized Signature
An individual authorized to act on behalf of the taxpayer in regards to ACH Credit payment transactions must sign this Authorization Agreement. Generally, this is the person with the authority to sign a tax return.

Other Payment Methods
For your convenience, other electronic payment methods are available through our website at ncdor.gov. Bank Draft (ACH Debit), Debit or Credit Card (Visa or MasterCard) may also be used.

Taxpayers that wish to remit Streamlined Sales Tax by the ACH Debit payment method, may do so using the SSTP XML Payment Schema when submitting the Streamlined Simplified Electronic Return (SER) or separately. Both require the use of web services to submit XML Schema. Additional information about the Streamlined XML Schemas can be found on the website for the Streamlined Sales Tax Governing Board, Inc. at streamlinedsalestax.org by clicking on the SST Technology link.