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

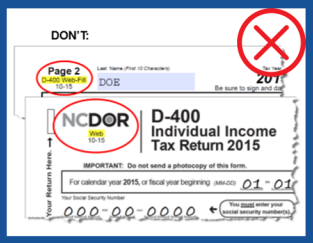
Use the print icon on the form to ensure you have completed all required fields.

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-100D
ACH Debit 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. Select ACH Debit Payment Method and Tax Type *(Fill in applicable circle)*

○ Touchtone ○ Voice

Tax type available for these methods:
(Select tax type by filling in applicable circle):
○ Insurance Premium

Enter your Account ID for the tax type selected
0 0

○ Batch (must only be used to transmit ten or more payments at a time). Note average number of payments to be transmitted per transmission _____ .

Tax types available for this method: *(Select tax type by filling in applicable circle)*:

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

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

(Federal Employer ID Number is required):
○ Corporate Estimated ○ Insurance Premium

○ Motor Fuels
Enter your Motor Fuels Account ID/NCDOR ID

Part 2. Enter Banking Information

1. Financial Institution Name
2. Account Type *(Fill in applicable circle)*: ○ Checking ○ Savings
3. Transit or Routing Number
4. Bank Account Number

Part 3. Authorized Signature

I authorize the North Carolina Department of Revenue (NCDOR) to initiate ACH debit entries for the bank account identified above and authorize the financial institution named above to process these entries. Debit transactions will be initiated only when I submit a payment of North Carolina taxes and provide explicit authorization for that payment. Each debit will occur solely in connection with a tax payment that I initiate and authorize, and no debit will be made unless and until such a tax payment event occurs. I further 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 Debit 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 debit 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 Account Holder's Printed Name

Authorized Account Holder's 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 debit.

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 Debit 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/Bank Change
If any information has changed since previously registering, such as the banking information or contact person, please complete a new authorization agreement with the updated information. Indicate the date the changes should take effect. Normally, bank changes require 2-3 business days to be processed before a payment can be made.

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

Taxpayers remitting Corporate Estimated taxes or Insurance Premium Tax will enter the nine-digit Federal Employer ID Number after the two pre-filled zeros. For Motor Fuels Tax accounts, taxpayers will enter the eleven-digit Account ID Number. For all other taxes, enter the nine-digit Account ID/NCDOR ID Number after the two pre-filled zeros.

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 Debit 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.

General Instructions

Part 1. Select ACH Debit payment method
Notice the different tax types available for each payment method. Select one method for initiating your payments and indicate the tax type.

For the ACH Debit Touchtone and Voice payment methods, notice that Insurance Premium ONLY is available for these payment methods. Taxpayers registering for Touchtone and Voice payment methods will receive security information that enable them to access the Department's Touchtone and Voice Debit systems.

Batch is an online payment method that is designed for tax service providers and companies that transmit a batch of ten or more payments at a time (internet connection required). Enter the average number of payments to be transmitted at a time. If approved for this payment method, security information will be sent that will enable the batch of payments to be transmitted online.

Part 2. Entering Bank Information
(1) Financial Institution Name - Enter the name of the Financial Institution to which ACH Debit transactions are presented.
(2) Account Type - Indicate whether the account to be debited is a checking or a savings account.
(3) Transit or Routing Number - Obtain the nine-digit Transit or Routing Number for ACH transactions from your financial institution.
(4) Bank Account Number - Enter the bank account number to be debited.

Part 3. Authorized Signatures
The taxpayer and/or the individual authorized to act on behalf of the taxpayer regarding ACH tax payments must sign this Authorization Agreement. The Account Holder signature line is for authorization of the ACH Debit transaction and to certify that the listed contact person (if not employed by the taxpayer) is authorized to act on behalf of the taxpayer in regards to ACH Debit transactions for the tax type indicated.

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.