# ACH Credit Payment Method Authorization Agreement

North Carolina Department of Revenue

Business Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)			Federal Employer ID Number
Address			
City	State	Zip Code <i>(First 5 digit</i> s)	Office Use Only
Name of Contact Person	Contact Pho	ne Number	Social Security Number
Title of Contact Person	Contact Fax	Number	
Contact Business Name (If different than above)			Fill in applicable circle:
Address (If different than above)			Initial registration - mandatory participant Initial registration - voluntary participant Change of Information
City	State	Zip Code <i>(First 5 digits)</i>	(Effective Date: )
Part 1. Tax Type			
Fill in applicable circle to select tax type:			
Streamlined Sales and Use		Enter your Str	eamlined Sales Account ID
Enter your Motor Fuels Account ID/ NCDOR ID Motor Fuels			
Alcoholic Beverage Machinery and Equipment Sales and Use Severance Tobacco Products Combined General Rate Sales and Use Tax Return (Utility, Liquor, Gas, and Other) Withholding			
Fill in applicable circle for tax type (Federal Employer ID is required):			
Corporate Estimated Insurance Premium			
Part 2. Authorized Signature			
I certify that the individual named above as the contact person is authorized to act on behalf of the taxpayer in regards to ACH Credit transactions for the tax type indicated.			
Authorized Signature Title			Date
MAIL TO: Electronic Payments Unit, North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0001 or FAX TO: 919-733-3149			



# ACH Credit Payment Method Authorization Agreement Instructions

# Taxpayer Information

# **Business Name and Address**

Enter the business name and address of the taxpayer.

### Name and Address of Contact Person

This is the individual the Department will contact should there be any question about an EFT tax payment and to whom all correspondence about the EFT Program will be directed. If this person is not employed by the taxpayer, then the Contact Business Name and Address must be noted (i.e.: XYZ Payroll Service).

# Federal Employer ID Number/SSN number

If the business is a corporation, provide the Federal Employer ID Number. If the business is a sole proprietorship, provide the owner's Social Security Number.

#### **Mandatory or Voluntary Participant**

As a mandatory participant, you must pay electronically until further notified.

As a voluntary participant, you must participate in the Program for a minimum of twelve months. Upon completion of the twelve month period, you may withdraw from the Program provided you have notified the Department in writing at least 45 days prior to the first non-EFT payment.

#### **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 days to be processed before becoming effective.

#### Tax Type

Fill in the circle for the appropriate tax type. You must complete a separate ACH Credit Payment Method Authorization Agreement for each tax type.

#### Account ID Number

The department has replaced some Tax Account ID numbers with a new NCDOR ID number. If you have received your new NCDOR ID please begin using it if applicable.

If your tax type requires an Account ID/NCDOR ID, please enter in the boxes 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 Streamline 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 <u>www.dornc.</u> <u>com/electronic/eft.html</u>.

# 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 <u>www.dornc.com</u>. Bank Draft (ACH Debit), Debit or Credit Card (Visa or MasterCard) may also be used to satisfy mandatory electronic payment requirements.

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 <u>http://www.streamlinedsalestax.org</u> by clicking on the Technology link.