

FORM EFT



Comptroller of Maryland Authorization Agreement for Electronic Funds Transfers

☐ New
☐ Revision: Effective Date _____
Allow 10 business days for revisions.

Complete this section:

Name of Business
Maryland Central Registration Number
Federal Employer Identification Number
Motor Fuel Tax Account Number (if applicable)

Tax Type: Check type(s)

- ☐ Withholding
☐ Corporation Income Tax
(Pass-through Entities are not eligible.)
☐ Motor Fuel Taxes

This section must be completed by all taxpayers

A	C O N T A C T P E R S O N (S)	Primary EFT contact person _____			
		Address _____			
		City _____	State _____	ZIP code _____	Telephone number _____
		Secondary EFT contact person _____			
		Address _____			
		City _____	State _____	ZIP code _____	Telephone number _____
		Signature of owner, partner, or officer _____		Title _____	Date _____

CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW

This section to be completed only if you choose the ACH DEBIT OPTION

If ACH Debit is chosen, you authorize the Comptroller of Maryland to present the debit entries to your bank for the tax identified above. Only you can initiate a debit by calling the State's Service Bureau and indicating the amount of tax to be paid by electronic funds transfer.

B	A C H D E B I T	Bank name _____			
		Bank address _____			
		City _____	State _____	ZIP code _____	
		Bank account number _____		Bank routing/transfer number _____	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
		Signature of owner, partner or officer _____		Title _____	Date _____

This section to be completed only if you choose the ACH CREDIT OPTION

An AUTHORIZED REPRESENTATIVE of your bank must complete and sign this section confirming that you and your bank are capable of initiating ACH CREDITS in the required CCD + TXP format.

C	A C H C R E D I T	Bank name _____			
		Bank address _____			
		City _____	State _____	ZIP code _____	
		Printed name of bank representative _____		Telephone number _____	
		Signature of bank representative _____		Date _____	

**This form must be completed and faxed to 410-260-6214 or mailed to:
Electronic Funds Transfer Program, P.O. Box 1509, Annapolis, MD 21404-1509**