

STATE OF RHODE ISLAND
DEPARTMENT OF REVENUE
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908-5800

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

TYPE OF TAX:

- [ ] WITHHOLDING [ ] SALES/USE
[ ] CORPORATION [ ] INSURANCE PREMIUMS
[ ] GASOLINE/MOTOR FUEL [ ] TANGIBLE PERSONAL PROPERTY
[ ] BANK DEPOSITS [ ] PUBLIC SERVICE GROSS EARNINGS
[ ] BANK EXCISE [ ] CIGARETTE STAMP
[ ] CONSUMER USE TAX [ ] LITTER-BEV CONTAINER
[ ] HOTEL TAX [ ] HEALTHCARE TAX
[ ] LOCAL MEALS & BEV TAX [ ] ALCOHOLIC BEV IMPORT SERVICE FEE
[ ] UNIFORM OIL RESPONSE & PREV [ ] WARWICK PARKING TAX
[ ] PASS-THROUGH [ ] COMPOSITE INCOME TAX
[ ] TOBACCO PRODUCTS [ ] E-911 \$0.26 WIRELESS SURCHARGE
[ ] E-911 \$1.00 WIRELESS SURCHARGE [ ] E-911 \$1.00 WIRELINE SURCHARGE
[ ] TEL-COM EDUCATION ACCESS FUND [ ] OUTPATIENT HEALTHCARE FACILITY SURCHARGE
[ ] HEALTHCARE IMAGING SERVICES SUR

Sections A & B below must be completed by all taxpayers

A. COMPANY DATA

COMPANY NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ FAX NO.: (\_\_\_\_) \_\_\_\_\_

B. CONTACT PERSON(S):

Primary FFT contact person:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_ FAX NO.: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Secondary FFT contact person:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_ FAX NO.: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW**

**C. ACH DEBIT OPTION**

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

**TWO DEBIT OPTIONS AVAILABLE:**

**1. INTERNET FILING:** Simply log onto <https://www.ri.gov/taxation/business/index.php> and click on the first time user link. This is the only EFT registration process that you need to do.

Do not complete or remit this form to the RI Division of Taxation EFT Section.

**2. TELEPHONE:** Complete Section C and remit authorization agreement to the RI Division of Taxation EFT Section.

If ACH Debit is chosen, you authorize the Rhode Island Division of Taxation to present debit entries to your bank for the tax identified on the front. 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.

Enclose a copy of a voided check **or** have an AUTHORIZED REPRESENTATIVE of your bank complete and sign this section of the form.

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BANK ACCOUNT #: \_\_\_\_\_ BANK ROUTING/TRANSIT NUMBER \_\_\_\_\_

[ ] CHECKING [ ] SAVINGS

\_\_\_\_\_  
Printed Name of Bank Representative

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Signature of Bank Representative

\_\_\_\_\_  
Date

**D. ACH CREDIT OPTION**

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

All ACH CREDIT must be initiated in the required CCD+ and TXP format. Any payments not received in that format may be considered late.

Example:

**Generic TXP addendum record CCD format**

FIELD #:	FIELD NAME:	DATA ELEMENT TYPE:	FIELD LENGTH:	COMMENTS:
	Segment Id			TXP
	Field Separator			*
TXP01	Taxpayer Id	AN	11	12345678900
	Field Separator			*
TXP02	Tax Type Code	ID	5	55555
	Field Separator			*
TXP03	Tax period End Date	DT	6	YYMMDD
	Field Separator			*
TXP04	Amount Type	ID	1	T(Tax)
	Field Separator			*
TXP05	Amount Paid	N2	1/10	\$\$\$\$\$\$cc
	Record Terminator			/

**This form must be completed and mailed to:** **Electronic Funds Transfer Program  
Rhode Island Division of Taxation  
One Capitol Hill  
Providence, RI 02908-5800  
Phone (401) 574-8TAX  
FAX (401) 574-8913**