



**State of Rhode Island and Providence Plantations
 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:

- | | |
|---|---|
| <input type="checkbox"/> WITHHOLDING | <input type="checkbox"/> SALES/USE |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> INSURANCE PREMIUMS |
| <input type="checkbox"/> GASOLINE/MOTOR FUEL | <input type="checkbox"/> TANGIBLE PERSONAL PROPERTY |
| <input type="checkbox"/> BANK DEPOSITS | <input type="checkbox"/> PUBLIC SERVICE GROSS EARNINGS |
| <input type="checkbox"/> BANK EXCISE | <input type="checkbox"/> CIGARETTE STAMP |
| <input type="checkbox"/> CONSUMER USE TAX | <input type="checkbox"/> LITTER-BEVERAGE CONTAINER |
| <input type="checkbox"/> HOTEL TAX | <input type="checkbox"/> HEALTHCARE TAX |
| <input type="checkbox"/> LOCAL MEALS & BEV TAX | <input type="checkbox"/> ALCOHOLIC BEV IMPORT SERVICE FEE |
| <input type="checkbox"/> UNIFORM OIL RESPONSE & PREV | <input type="checkbox"/> WARWICK PARKING TAX |
| <input type="checkbox"/> PASS-THROUGH | <input type="checkbox"/> COMPOSITE INCOME TAX |
| <input type="checkbox"/> TOBACCO PRODUCTS | <input type="checkbox"/> E-911 \$0.26 WIRELESS SURCHARGE |
| <input type="checkbox"/> E-911 \$1.00 WIRELESS SURCHARGE | <input type="checkbox"/> E-911 \$1.00 WIRELINE SURCHARGE |
| <input type="checkbox"/> TEL-COM EDUCATION ACCESS FUND | <input type="checkbox"/> OUTPATIENT HEALTHCARE FACILITY SURCHARGE |
| <input type="checkbox"/> HEALTHCARE IMAGING SERVICES SURCHARGE | <input type="checkbox"/> HARD-TO-DISPOSE MATERIAL TAX |
| <input type="checkbox"/> PREPAID WIRELESS TELECOMMUNICATIONS CHARGE | |

Sections A & B below must be completed by all taxpayers

A. COMPANY DATA

COMPANY NAME: _____
 D/B/A: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE NUMBER: (_____) _____ FAX NUMBER: (_____) _____

B. CONTACT PERSON(S):

Primary EFT contact person:

NAME: _____ TITLE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE NUMBER: (_____) _____ Extension _____
 FAX NUMBER: (_____) _____
 E-MAIL ADDRESS: _____

Secondary EFT contact person:

NAME: _____ TITLE: _____
 TELEPHONE NUMBER: (_____) _____ Extension _____
 FAX NUMBER: (_____) _____
 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 Number

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

<u>FIELD #:</u>	<u>FIELD NAME:</u>	<u>DATA ELEMENT TYPE:</u>	<u>FIELD LENGTH:</u>	<u>COMMENTS:</u>
	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) 574-8484
Fax: (401) 574-8913