

VERMONT	Enrollment Form for ACH Credit for <i>VTBizFile</i> ONLY	FORM EFT-2
----------------	--	----------------------

Business Name		Federal ID Number	
Mailing Address			
City		State	ZIP
Contact Person Name		Telephone Number	
E-mail address		Fax Number	


- CHECK TAX TYPE**
(Check all that apply)
- Meals and Rooms
 - Sales and Use
 - Withholding (Monthly and Quarterly filers only)

INSTRUCTIONS

When you use the ACH Credit payment option, you initiate the payment. You instruct your bank to withdraw the amount of tax due for your *VTBizFile* payment from your account. Depending on your banking arrangements, your bank may charge a fee. The VT Department of Taxes does not charge a fee for paying via ACH Credit.

Submit your completed enrollment form to the VT Department of Taxes via fax or mail. After your form has been processed, the Department will provide you with the routing and banking numbers and the EFT codes. You will need to take this information to your bank. Your bank will then complete a test transmission. After the successful completion of the test transmission, you can begin using ACH Credit to pay your taxes through *VTBizFile*. Please allow up to one week to complete the enrollment process.

REMINDER: This form should be used to enroll your company to use the ACH Credit payment option for *VTBizFile* only. To register your company to use the ACH Debit payment option for *VTBizFile*, you must complete the online registration form on the *VTBizFile* site.

SIGNATURE		
I request authority to initiate ACH Credit electronic funds transfer to the State's designated bank account. I understand these transactions must conform to NACHA CCD+ format using the TXP convention, and that my bank may assess a transaction charge to the transmission to file and remit my Vermont tax.		
 _____ Signature	_____ Title	_____ Date

**Mail to: Vermont Department of Taxes
EFT Coordinator
PO Box 547
Montpelier, VT 05601-0547**

OR

**Fax to: (802) 828-5787
Attn: EFT Coordinator**