

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