



## ARKANSAS INCOME TAX PAYMENT BANK AUTHORIZATION FOR DIRECT DEBIT

Complete if you are electronically filing your state tax return, and you want to authorize a transfer of funds from your account to pay tax owed as shown on your return. Do not complete if filing a paper return.

**I authorize the Arkansas Department of Revenue to initiate debit entries to my account as indicated above. This authority will remain in effect until the department has received faxed (501-682-7393) notification of its termination at least 30 days prior to the requested payment date.**

Primary's Legal Name or Name of Entity		Primary's Social Security Number / FEIN	
Spouse's Legal Name (if filing joint)		Spouse's Social Security Number (if filing joint)	
Street Address			
City	State	Zip Code	

**Amount of tax due:** \_\_\_\_\_

**Amount you want debited:** \_\_\_\_\_

**Routing number:** \_\_\_\_\_

**Checking:**       **Savings:**

**Account number:** \_\_\_\_\_

**Requested payment date:** \_\_\_\_\_

If the return is transmitted on or before April 15<sup>th</sup>, the requested payment date cannot be later than April 15<sup>th</sup>. If the return is transmitted after April 15<sup>th</sup>, the requested payment date must be today's date. Penalties and interest may be added if the return is filed after April 15, 2025.