

FORM EFT



COMPTROLLER
of MARYLAND
Serving the People

Complete this section:

Name of Business
Maryland Central Registration Number
Federal Employer Identification Number
Motor Fuel Tax Account Number (if applicable)

Tax Type: Check type(s)

- Withholding
- Corporation Income Tax
(Pass-through Entities are not eligible.)
- Motor Fuel Taxes

Comptroller of Maryland Authorization Agreement for Electronic Funds Transfers

- New
 - Revision: Effective Date _____
- Allow 10 business days for revisions.**

This section must be completed by all taxpayers

A	C O N T A C T P E R S O N (S)	Primary EFT contact person _____	
		Address _____	
		City _____ State _____ ZIP Code _____ Telephone number _____	
		Secondary EFT contact person _____	
		Address _____	
		City _____ State _____ ZIP Code + 4 _____ Telephone number _____	
		Signature of owner, partner or officer _____ Title _____ Date _____	
		CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW	
		This section to be completed only if you choose the ACH DEBIT OPTION	
		If ACH Debit is chosen, you authorize the Comptroller of Maryland to present the debit entries to your bank for the tax identified above. 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.	

B	A C H D E B I T	Bank name _____
		Bank address _____
		City _____ State _____ ZIP Code + 4 _____
		Bank account number _____ Bank routing/transfer number _____
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		Signature of owner, partner or officer _____ Title _____ Date _____

C	A C H C R E D I T	This section to be completed only if you choose the ACH CREDIT OPTION	
		An AUTHORIZED REPRESENTATIVE of your bank must complete and sign this section confirming that you and your bank are capable of initiating ACH CREDITS in the required CCD + TXP format.	
		Bank name _____	
		Bank address _____	
		City _____ State _____ ZIP Code + 4 _____	
		Printed name of bank representative _____ Telephone number _____	
Signature of bank representative _____ Date _____			

**This form must be completed and faxed to 410-260-6214 or mailed to:
Electronic Funds Transfer Program, P.O. Box 1509, Annapolis, MD 21404-1509**