

EFT-100C

ACH Credit Payment Method Authorization Agreement

Business Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)			Federal Employer ID Number □□ - □□□□□□□□	
Address			Office Use Only □□□	
City	State	Zip Code (First 5 digits)		
Name of Contact Person		Contact Phone Number		
Title of Contact Person		Contact Fax Number		
Contact Business Name (If different than above)			Social Security Number □□□□ - □□ - □□□□ Fill in applicable circle: <input type="checkbox"/> Initial registration - mandatory participant <input type="checkbox"/> Initial registration - voluntary participant <input type="checkbox"/> Change of Information (Effective Date: _____)	
Address (If different than above)				
City	State	Zip Code (First 5 digits)		

Part 1. Tax Type

Fill in applicable circle for tax type (Federal Employer ID is required):

<input type="checkbox"/> Corporate Estimated	<input type="checkbox"/> Insurance Premium
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Fill in applicable circle to select tax type:

Streamlined Sales and Use	Enter your Streamlined Sales Account ID <input type="checkbox"/> 0 0 S <input type="checkbox"/> □□□□□□□□
Motor Fuels	Enter your Motor Fuels Account ID/ NCDOR ID <input type="checkbox"/> □□□□□□□□
Alcoholic Beverage Sales and Use Severance Tobacco Products Combined General Rate Sales and Use (Utility, Liquor, Gas, and Other) Withholding	Enter your Account ID/ NCDOR ID for the tax type selected <input type="checkbox"/> 0 0 <input type="checkbox"/> □□□□□□□□

Part 2. Authorized Signature

I certify that the individual named above as the contact person is authorized to act on behalf of the taxpayer in regards to ACH Credit transactions for the tax type indicated.

Authorized Signature

Title

Date

ACH Credit Payment Method Authorization Agreement Instructions

Taxpayer Information

Business Name and Address

Enter the business name and address of the taxpayer.

Name and Address of Contact Person

This is the individual the Department will contact should there be any question about an EFT tax payment and to whom all correspondence about the EFT Program will be directed. If this person is not employed by the taxpayer, then the Contact Business Name and Address must be noted (i.e.: XYZ Payroll Service).

Federal Employer ID Number/SSN number

If the business is a corporation, provide the Federal Employer ID Number. If the business is a sole proprietorship, provide the owner's Social Security Number.

Mandatory or Voluntary Participant

As a mandatory participant, you must pay electronically until further notified.

Change of Information

If any information has changed since previously registering, such as the business name, contact person, or Account ID, please complete a new authorization agreement with the updated information. Indicate the date the changes should take effect. Normally, changes require 2-3 business days to be processed before becoming effective.

Tax Type

Fill in the circle for the appropriate tax type. You must complete a separate ACH Credit Payment Method Authorization Agreement for each tax type.

Account ID Number

The department has replaced some Tax Account ID numbers with a NCDOR ID number. If you have received a NCDOR ID please begin using it if applicable.

If your tax type requires an Account ID/NCDOR ID, please enter in the boxes next to the appropriate tax type selection. Streamlined Sales and Use should register and pay using the Streamlined Sales and Use section by entering the Streamline Sales account ID.

General Instructions

ACH Credit Payment Method

To make payments by ACH Credit, first contact your financial institution to confirm they offer ACH Credit origination services. After registering with the Department for the ACH Credit method (by submitting a completed ACH Credit Payment Method Authorization Agreement), please review the ACH Credit Instructions and Guidelines on our website www.ncdor.gov/documents/ach-credit-instructions-and-guidelines.

Authorized Signature

An individual authorized to act on behalf of the taxpayer in regards to ACH Credit payment transactions must sign this Authorization Agreement. Generally, this is the person with the authority to sign a tax return.

Other Payment Methods

For your convenience, other electronic payment methods are available through our website at www.ncdor.gov. Bank Draft (ACH Debit), Debit or Credit Card (Visa or MasterCard) may also be used to satisfy mandatory electronic payment requirements.

Taxpayers that wish to remit Streamlined Sales Tax by the ACH Debit payment method, may do so using the SSTP XML Payment Schema when submitting the Streamlined Simplified Electronic Return (SER) or separately. Both require the use of web services to submit XML Schema. Additional information about the Streamlined XML Schemas can be found on the website for the Streamlined Sales Tax Governing Board, Inc. at <http://www.streamlinedsalestax.org> by clicking on the Technology link.