

**JOSH MANDEL
TREASURER OF STATE
Authorization Agreement
Electronic Funds Transfer**



PLEASE COMPLETE ONE AGREEMENT PER OHIO TAX ID NUMBER

Part I <u>TAXPAYER INFORMATION</u> (REQUIRED) Please type or print information	Federal ID Number
Taxpayer Name	Contact Person
Mailing Address (Street Number, Box Number)	Telephone Number
City, State, Zip Code	Fax Number
E-mail Address	
Part II <u>TAX TYPE</u> <input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> MODIFY ACCOUNT	
DISTRIBUTOR ACCOUNT NUMBER	
# _____	<input type="checkbox"/> CIGARETTE STAMP TAX
Part III <u>ACH CREDIT OPTION</u> I hereby request Ohio Treasurer Josh Mandel's Office to grant authority for the above named taxpayer to initiate ACH Credit Transactions to Ohio Treasurer Josh Mandel's Office bank account. It is understood that these transactions must be in the NACHA CCD+ format using the TXP Payment Convention and may only be initiated for the tax type specified above.	
Authorized Signature	Date

**MAIL: Ohio Treasurer Josh Mandel
Attn: Electronic Payments Unit
30 East Broad Street, 9th Floor
Columbus, Ohio 43215-3461**

www.eft.tos.ohio.gov

**Questions: Ohio Treasurer Josh Mandel
EFT Help Line
1-877-EFT-OHIO
FAX : (614) 752-5377**