

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



PLEASE COMPLETE ONE AGREEMENT PER TAX ID NUMBER

Part I <u>TAXPAYER INFORMATION</u> (REQUIRED)	
Please type or print information	
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>	
FEDERAL TAX ID NUMBER <input type="checkbox"/> Premium Insurance Tax/Fire Marshall <input type="checkbox"/> Premium Insurance Tax/Retaliatory # _____	
Select preferred payment option by completing either Part III ACH Debit OR Part IV ACH Credit. When setting up or modifying an account, check the box next to the applicable tax type and enter the FEDERAL TAX ID NUMBER .	
Part III <u>ACH DEBIT OPTION</u> (Please complete this section <i>only</i> if you select or are currently using this option)	
Financial Institution Name	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit & Routing Number	Bank Account Number
I hereby authorize Ohio Treasurer Josh Mandel's Office to process ACH Debit entries from the bank account specified above. This debit will pertain only to Electronic Funds Transfer Payments for the above named taxpayer.	
Authorized Signature	Date
Part IV <u>ACH CREDIT OPTION</u> (Please complete this section <i>only</i> if you select or are currently using this option)	
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