



1502004018

**GEORGIA EFT
ACH-CREDIT
Taxpayer Registration/Authorization Form**

1. Taxpayer Name: _____ Client ID(If 3rd party vendor) _____

2. Address: _____

City: _____ State: _____ ZIP: _____

3. Tax Account Number (Required): _____ FEIN _____

4. Type of Tax Payment (Check one per Request):

WH Non-Res WH ST Corp 911 Wireless Fireworks Excise State Hotel-Motel Fee

5. Taxpayer's Contact Person: _____ Title: _____

Phone: _____ Ext: _____ Fax: _____

e-Mail(required): _____

6. 3rd Party Contact For GA Returns & Payments: _____

Phone: _____ Ext: _____ Fax: _____

e-Mail(required): _____

7. I/We declare, under penalties of perjury that I/we have examined this application and to the best of my/our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

Signature _____ Title: _____ Date: _____
(Taxpayer)

Signature _____ Title: _____ Date: _____
(3rd Party Vendor)

Please scan and return by e-Mail to DOR.ElectronicFundsTransfer@dor.ga.gov



1. Client ID: If you are a 3rd party vendor submitting this form, please PRINT YOUR CLIENT'S ID NUMBER.

2. Address: The address to which all correspondence regarding EFT should be mailed.

3. Tax Account Numbers: Tax Account Number for tax type in part 4 (if applicable)
FEIN: Federal Employer Identification Number.

4. Type of Tax Payment: The tax type being paid such as Sales and Use, Withholding, Non - Res WH, Corporate, 911 Wireless, Fireworks Excise, and State Hotel-Motel Fee.

5. Taxpayer's Contact Person: If taxpayer initiated, name, title, phone/fax number and e - Mail address of the primary person who should be contacted in the event of a problem/error with an electronic funds transfer and to whom all correspondence regarding EFT payments should be mailed.

6. 3rd Party Payroll Provider Contact Person: If 3rd party payroll provider initiated, name, title, phone/fax number and e - Mail address of primary person who should be contacted in the event of a problem/error with an electronic funds transfer and to whom all correspondence regarding EFT payment should be mailed.

7. Signature: Signature should be provided as appropriate (Taxpayer initiated and/or Agent for a 3rd party service provider).