

EFT-CT

State of Arkansas

DEPARTMENT OF FINANCE AND ADMINISTRATION

Authorization Agreement for Electronic Funds Transfer of Arkansas Corporation Estimated Income Tax

Federal Employer Identification Number (FEIN): _____

Check one of the following boxes:

[] Initial Filing of the EFT Agreement Form [] Change of Bank or Other Information

PLEASE PRINT OR TYPE

CONTACT(S)

Name of Business or Organization _____
Primary EFT Contact Person _____ Phone (____) _____
Address _____ FAX (____) _____
City, ST, ZIP _____
Secondary EFT Contact Person _____ Phone (____) _____
Address _____ FAX (____) _____
City, ST, ZIP _____

Signature of Corporate Officer _____ Title _____ Date _____

CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW

ACH DEBIT

Complete this section only if you choose the ACH DEBIT OPTION

If ACH Debit is chosen, you authorize the Department of Finance and Administration or it's agent to present debit entries to your bank for the tax specified above. Only you can initiate a debit by calling the State's Service Bureau and indicating the amount of the tax to be paid by EFT.

An AUTHORIZED REPRESENTATIVE of your bank must complete and sign this section of the form.

Bank Name _____
Bank Address _____
City, ST, ZIP _____
Bank Acct. # _____ Routing/Transfer # _____

[] Checking [] Savings

Printed Name of Bank Representative _____

Signature of Bank Representative _____ Title _____ Date _____

Signature of Corporate Officer _____ Title _____ Date _____

ACH CREDIT

Complete this section only if you choose the ACH CREDIT OPTION

An AUTHORIZED REPRESENTATIVE of your bank must sign this section of the form confirming that you and your bank are capable of initiating ACH Credits in the required CCD + TXP format.

Bank Name _____
Bank Address _____
City, ST, ZIP _____
Printed Name of Bank Representative _____

Signature of Bank Representative _____ Title _____ Date _____

Signature of Corporate Officer _____ Title _____ Date _____

STATE OF ARKANSAS
CORPORATION INCOME TAX SECTION
Instruction for Completing Form EFT-CT
Authorization Agreement for Electronic Funds Transfer

This form is to be used for State of Arkansas Corporation Estimated Income Tax only. To file your State of Arkansas Corporation Income tax payments by Electronic Funds Transfer (EFT), enter your nine (9) digit Federal Employer Identification Number (FEIN). Enter the parent corporation's FEIN if filing an Arkansas consolidated income tax return.

Check one of the next two boxes. The first box indicates this is your first time to file an EFT-CT form. The other box should be checked if you are changing information listed on your prior EFT form.

Note: If you are changing banks or bank account information, you must re-file this form at least 30 days prior to your next payment date.

PART A - CONTACT

1. Enter the name of the business.
2. Enter the name, telephone and fax numbers, address, city, state, and zip code of the primary EFT contact person for the business. This person must have knowledge of your EFT program and be able to answer questions, or provide information in case of technical problems.
3. Enter the name, telephone and fax numbers, address, city, state and zip code of the secondary EFT contact person for the business. This person must also have knowledge of your EFT program and be able to answer questions, or provide information in case of technical problems.
4. A corporate officer must sign this form and enter the date signed.

PART B - AUTOMATED CLEARING HOUSE (ACH) DEBIT

1. Enter your bank's name, address, city, state, and zip code.
2. Enter the bank account number of the corporation and check the appropriate "Checking" or "Savings" box.
3. Enter your bank's Routing/Transfer number.
4. Enter your bank's authorized representative signing this form.
5. The authorized representative of your bank listed in Part "B" and an officer of your corporation must sign and enter the date signed.

Note: Choosing the ACH Debit option authorizes the Department of Finance and Administration or its agent to present debit entries to your bank for payment of your quarterly corporation estimated income tax.

Before any debit entries are made to your bank account, you must first initiate the debit by calling the State's Service Bureau at its toll free number and indicate (1) the amount of the tax to be paid by EFT, (2) your FEIN, (3) the tax type code, and (4) your calendar or fiscal tax year ending date (month & year). An information packet will be mailed to you from NationsBank, N.A. of Arkansas after you register for EFT purposes.

PART C - AUTOMATED CLEARING HOUSE (ACH) CREDIT

1. Enter your bank's name, address, city, state, and zip code.
2. Enter you bank's authorized representative signing this form.
3. The authorized representative of your bank listed in Part "C" and an officer of your corporation must sign and enter the date signed.

Note: Choosing the ACH Credit option requires you and/or your bank to have the capability of initiating ACH Credits in the CCD+TXP format.

You must initiate the Credit by contacting your bank, through modem, telephone or in person, and indicate (1) the amount of the tax to be paid by EFT, (2) your FEIN, (3) the tax type code, and (4) your calendar or fiscal tax year ending date (month & year). Your bank will transmit the EFT payment to NationsBank, N.A. of Arkansas through ACH. An information packet will be mailed to you from NationsBank, N.A. of Arkansas after your register for EFT purposes.