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**ACH CREDIT ELECTRONIC FILING PROGRAM**  
**Authorization Form for Electronic Funds Transfer**

**Taxpayer Information**

Company Name: \_\_\_\_\_  
Federal ID or Soc Sec #: \_\_\_\_\_  
City Being Filed: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name & Address of  
Banking Institution: \_\_\_\_\_  
\_\_\_\_\_

**Contact Information**

Primary Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Direct Phone Number & Ext: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**Authorization Statement**

I hereby authorize the contact person listed on this form and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic payment of withholding taxes, answer inquiries, and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the City of Parma Income Tax Division has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Mail the completed registration form to:

ACH CREDIT ELECTRONIC FILING PROGRAM  
City of Parma Income Tax Department  
6611 Ridge Road  
Parma, Ohio 44129

Account specifications will be mailed to you once your registration form has been accepted