WITHHOLDING 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

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