

ACH Debit Payment Method Authorization Agreement

North Carolina Department of Revenue

Business Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)			Federal Employer ID Number	
Address			Office Use Only	
City	State	Zip Code (First 5 digits)		
Name of Contact Person RYAN WALSH		Contact Phone Number (919) 772-0080		Social Security Number
Title of Contact Person REPORTING AGENT		Contact Fax Number		Fill in applicable circle: <input type="radio"/> Initial registration - mandatory participant <input checked="" type="radio"/> Initial registration - voluntary participant <input type="radio"/> Change of Information (Effective Date: _____)
Contact Business Name (If different than above) PAYMASTER PRO				
Address (If different than above) 205 S ACADEMY ST. #4012 City CARY State NC Zip Code (First 5 digits)				

Part 1. Select ACH Debit payment method and tax type (Fill in applicable circle)

<input type="radio"/> Touchtone <input type="radio"/> Voice	Tax type available for these methods: (Select tax type by filling in applicable circle): Enter your Account ID for the tax type selected Insurance Premium 0 0
<input checked="" type="radio"/> Batch (must only be used to transmit 10 or more payments at a time). Note average number of payments to be transmitted per transmission <u>10</u>	
Tax types available for this method: (Select tax type by filling in applicable circle): Combined General Rate Sales and Use Tax Return (Utility, Liquor, Gas, and Other) Enter your Account ID/NCDOR ID for the tax type selected Machinery and Equipment Tobacco Products <input checked="" type="radio"/> Withholding 0 0 Sales and Use Alcoholic Beverage	
(Federal Employer ID is required): <input type="checkbox"/> Corporate Estimated <input type="checkbox"/> Insurance Premium	Enter your Motor Fuels Account ID/NCDOR ID <input type="checkbox"/> Motor Fuels

Part 2. Enter Banking Information

1. Financial Institution Name
2. Account type (Fill in applicable circle): Checking Savings
3. Transit or Routing Number
4. Bank Account Number

Part 3. Authorized Signatures

I authorize the North Carolina Department of Revenue to present debit entries for the bank account and the financial institution named above. Debit transactions will be presented only upon my express authorization and initiation and will pertain only to ACH payments that are initiated for the payment of North Carolina taxes.	I certify that the individual named above as the Contact Person (if not employed by my business) is authorized to act on my behalf in regards to ACH Debit transactions for the tax type indicated.
_____ Authorized Signature	_____ Taxpayer Signature
_____ Title	_____ Title
_____ Date	_____ Date