

City of Philadelphia
Electronic Funds Transfer (EFT)
ACH Debit Enrollment Agreement

Please attach *original* voided check here
 Faxes and/or copies will not be accepted and will delay application processing.

If checks are not used for this account, one of the following data **must be** supplied:

- An **original bank specification sheet** indicating company name, bank account number, and ABA number.
- An **original bank deposit slip** indicating company name, bank account number, and ABA number.
- An **original confirmation letter from your bank** indicating company name, bank account number, and ABA number.

Enter information for the bank account from which tax payments will be drawn using the ACH DEBIT payment method. Please attach a voided check or MIRC specification sheet to verify your bank account information. If you use separate bank accounts to make different tax type payments, a separate Enrollment Agreement must be completed for each bank account used. Make a photocopy of this Enrollment Agreement, and check the appropriate block(s) in section 5 on the first page of this form, to indicate the tax type(s) which will be paid from the bank account listed.

Bank Name

Account Number

Street Address

Transit Routing (ABA) Number:

City State Zip Code

Type of Account: Checking Savings

Authorized Signature

I certify that the information provided on this form is true and correct and hereby authorize the City of Philadelphia, Department of Revenue to use the above information in direct conjunction with the EFT Program.

Print: Last First MI

Telephone Number Date

Signature of above individual

Title