# **FORM EFT**

# Tax Type: Check type(s) Withholding (MW506 only) Digital Advertising Gross Revenues Tax Corporation Income Tax (Pass-through Entities are not eligible.) Motor Fuel Taxes

| COMPTROLLER<br>OF MARYLAND |
|----------------------------|
| Serving the People         |

## Comptroller of Maryland Authorization Agreement for Electronic Funds Transfers

|                                    | New                      |  |  |  |
|------------------------------------|--------------------------|--|--|--|
|                                    | Revision: Effective Date |  |  |  |
| Allow 10 business days to process. |                          |  |  |  |

| Name of Business                              |
|---|
|   |
| Maryland Central Registration Number          |
| Federal Employer Identification Number        |
| Motor Fuel Tax Account Number (if applicable) |

|   |             | This section must be completed by all taxpayers   |       |                |                  |  |  |
|---|-------------|---|-------|----------------|------------------|--|--|
|   | C<br>O<br>N | Primary EFT contact person  | Email |                |                  |  |  |
|   | T<br>A<br>C | Street Address  |       |                |                  |  |  |
| A | T           | City  | State | ZIP Code       | Telephone number |  |  |
|   | P<br>E<br>R | Secondary EFT contact person  |       |                |                  |  |  |
|   | S<br>O      | Address   |       |                |                  |  |  |
|   | N<br>(S)    | City  | State | ZIP Code + 4   | Telephone number |  |  |
|   |             | Signature of owner, partner or officer  |       | Title          | Date             |  |  |
|   |             | CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW  |       |                |                  |  |  |
| В | A C H D E B | If ACH Debit is chosen, you authorize the Comptroller of Maryland to present the debit entries to your bank for the tax identified above. Only you can initiate a debit by calling the State's Service Bureau and indicating the amount of tax to be paid by electronic funds transfer. |       |                |                  |  |  |
|   | Ĭ           | Signature of owner, partner or officer  |       | Title          | Date             |  |  |
|   | A<br>C<br>H | An AUTHORIZED REPRESENTATIVE of your bank must complete and sign this section confirming that you and your bank are capable of initiating ACH CREDITS in the required CCD + TXP format.   |       |                |                  |  |  |
|   | C           | Bank name   |       |                |                  |  |  |
|   | R<br>E<br>D | Bank address  |       |                |                  |  |  |
|   | I           | City  | State | ZIP Code + 4   |                  |  |  |
|   |             | Printed name of bank representative   |       | Telephone numb | er               |  |  |
|   |             | Signature of bank representative  |       | Date           |                  |  |  |

This form must be completed and faxed to 410-260-6214 or mailed to: Electronic Funds Transfer Program, P.O. Box 549, Annapolis, MD 21404-549

### Instructions for Form EFT

**Tax Type:** Businesses may use electronic funds transfers (EFT) to file and pay Maryland withholding, motor fuel, corporate income, and digital advertising gross revenues taxes. Accepted business forms are: 500, 500D, 500E, 600D, and 600 only. **Forms 510, 510D, and 510E for Pass-through Entities, and Form MW508 for Withholding are NOT accepted.** 

Section A - This section must be completed by ALL taxpayers.

- Business name required.
- Email Enter the primary EFT contact person's email address.
- Maryland Central Registration Number if registered.
- Federal Employer Identification Number required.
- Motor Fuel Tax Account Number if applicable.
- **EFT contact person:** The primary contact person should be someone within your company who will be directly involved in all phases of the EFT registration process, system implementation, and the payment of the tax. Instructions will be mailed, or emailed if provided, to the contact person designated on the agreement. You also should designate a secondary contact person.
- Address: Indicate the mailing address to be used for correspondence regarding electronic funds transfer.
- **Telephone number:** Indicate the telephone number(s) for the EFT contact person.
- **Signature of owner, partner or officer:** Authorized signature of owner, partner or officer of the company.

Section B – Complete this section only if you are choosing the ACH Debit option. Note: The ACH Debit option is not available for digital advertising gross revenues tax (DAGRT). To pay DAGRT via EFT, you must choose ACH Credit.

• **Signature of owner, partner or officer:** Authorized signature of owner, partner or officer of the company. This signature will authorize the Comptroller of Maryland to present debit entries.

Section C – Complete this section only if you are choosing the ACH Credit option. ACH Credit is available for all tax types listed on this form.

Name and address of the bank: Provide the name and address of the bank you will be using for electronic funds transfers.

**Printed name and signature of bank representative** (include bank representative's telephone number): You cannot use the ACH Credit option unless your bank can initiate transactions in this format.

Mail this completed form to:

Electronic Funds Transfer Program P.O. Box 549 Annapolis, MD 21404-549

### **ACH CREDIT OPTION**

To use the ACH Credit option, you must first contact your bank to determine if your bank offers ACH Origination. Have your bank complete the specific portion of the Authorization Agreement (Form EFT) as verification that your bank can conform to these standards. Also, complete Section A and Section C before returning the form to the Electronic Funds Transfer Program Office.

Supplemental filing information must be sent with your payment using the ACH standard CCD+ format and the TXP addenda record. The Cash Concentration or Disbursement (CCD) is the most basic form of ACH payment. The CCD format can be processed by all ACH-member banks. The TXP addenda record allows the format to carry additional characters of payment-related data. The TXP will be used for tax registration, tax type code and tax period end date.

You will initiate the credit transaction through your bank to the State's bank account for the amount of your tax payment.

An ACH origination charge from you bank will be incurred by you if you select the ACH Credit option.

# Important characteristics of the ACH Credit transactions are:

- Credit transactions require you to enter all payment related data in the standard CCD+ TXP.
- The costs of the ACH Credit transactions are incurred by you.
- You are responsible for your own proof of payment.

### **ACH DEBIT OPTION**

To use the ACH Debit option, complete Section A and Section B before returning the form to the Electronic Funds Transfer Program Office.

After we receive the Authorization Agreement, we will provide you with the specific instructions on the initiation of Electronic Funds Transfer. You authorize each payment amount to be transferred from your bank account to the State's bank by using a toll-free number.

After you complete the call, the Comptroller of Maryland is responsible for the successful completion of the transaction. The State's Service Bureau will provide you with a verification code indicating that you have completed the necessary steps for the initiation of the Electronic Funds Transfer.

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