

# FORM EFT



## Comptroller of Maryland Authorization Agreement for Electronic Funds Transfers

### Tax Type: Check type(s)

- Withholding
- Corporation Income Tax  
(Pass-through Entities are not eligible.)
- Motor Fuel Taxes

- New
  - Revision: Effective Date \_\_\_\_\_
- Allow 10 business days for revisions.**

### Complete this section:

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

<b>A</b>	<b>C O N T A C T  P E R S O N (S)</b>	<b>This section must be completed by all taxpayers</b>
		Primary EFT contact person _____ Address _____ City _____ State _____ ZIP Code _____ Telephone number _____ Secondary EFT contact person _____ Address _____ City _____ State _____ ZIP Code + 4 _____ Telephone number _____ Signature of owner, partner or officer _____ Title _____ Date _____
		<b>CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW</b>
<b>B</b>	<b>A C H  D E B I T</b>	<p style="text-align: center;"><b>This section to be completed only if you choose the ACH DEBIT OPTION</b></p> 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. Bank name _____ Bank address _____ City _____ State _____ ZIP Code + 4 _____ Bank account number _____ Bank routing/transfer number _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Signature of owner, partner or officer _____ Title _____ Date _____
<b>C</b>	<b>A C H  C R E D I T</b>	<p style="text-align: center;"><b>This section to be completed only if you choose the ACH CREDIT OPTION</b></p> 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. Bank name _____ Bank address _____ City _____ State _____ ZIP Code + 4 _____ Printed name of bank representative _____ Telephone number _____ 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 and corporate income taxes. Accepted corporate forms are 500, 500D and 500E only. **Forms 510, 510D, 510E for Pass-through Entities are NOT accepted.**

**Section A – This section must be completed by ALL taxpayers.**

- **Business name** - required.
- **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 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.**

- **Bank name:** Name of the bank you will be using for electronic funds transfers.

- **Bank address:** Indicate the address of the bank branch you will be using.
- **Bank account number:** The account number from which the State will draw debit entries.
- **Type of account:** Check the appropriate box for the type of account (savings or checking) you will be using for electronic funds transfer.
- **Bank routing transit number:** Your bank's nine-digit routing/transit number is required.
- **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.**

**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 your 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, the State's Service Bureau will mail you 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.

Important characteristics of the ACH Debit transactions are:

- It's easy** Just place a toll-free call to make your tax payment.
- It's predictable** Only the amount you specify will be transferred to the State's bank account on the date specified.
- It's accurate** The Service Bureau will provide a verification code as your proof of payment.
- It's secure** Only you will have the password required to initiate a payment.
- It's flexible** Extensive editing and correction data can be performed before the transaction is completed. This means that transactions are virtually error free.
- It's inexpensive** Costs for an ACH Debit are primarily borne by the State. Your bank may have a nominal fee for processing the debit, but it is generally the same cost as a check, or less.

**Electronic Funds Transfer Program telephone number 410-260-7980 • Fax: 410-260-6214  
Hearing impaired users call via Maryland Relay at 711 in Maryland**