

Electronic Funds Transfer Authorization

This form **must** be completed and signed by the person authorizing the Electronic Funds Transfer from their account.

Wisconsin Department of Revenue
2135 Rimrock Rd
PO Box 8901
Madison WI 53708-8901
Phone: (608) 266-7879
Fax: (608) 224-5790
DORCompliance@wisconsin.gov

Taxpayer name(s)			
Address	City	State	Zip code
Social security number or EIN	Phone number ()		

I authorize and direct the State of Wisconsin, Department of Revenue to initiate withdrawal from the account described as follows:

Name of Financial Institution _____

Account Name _____

Account Number _____ (check one) → Checking Savings

Routing Transit Number _____

Your account number and 9-digit routing transit number are on the bottom edge of your check, or call your financial institution for assistance

Payment Frequency (check one) → Monthly Bi-Weekly Weekly

Amount to be Withdrawn \$ _____

First Payment / Withdrawal Date ____ / ____ / ____ **Date cannot be the 29-31st days of the month**

**** Attach a voided check or other account verification to this form ****

I authorize the Department of Revenue (DOR) to initiate debit entries (withdrawals) to the bank account at the financial institution identified above in accordance with the payment plan agreement between the debtor identified above and DOR. This authorization remains in effect until cancelled by me in writing, or until the amount is fully paid. I understand and agree that it may take up to two weeks to process a cancellation or amendment request. If the financial institution identified above changes, I agree to submit an updated EFT Authorization Agreement to DOR. If a debit (withdrawal) cannot be completed because of insufficient funds, I understand and agree that I or the debtor identified above may be subject to fees charged by DOR or the financial institution.

AUTHORIZED SIGNATURE

By signing below, I agree that I have read and agree to the terms and conditions stated above. I also certify that I am authorized by all necessary and appropriate action to execute this authorization. The parties acknowledge and agree that a handwritten signature, delivered by facsimile, PDF, email or other similar electronic means, is legal and binding and has the same full force and effect as if a paper original had been delivered.

Authorized Signer Name (please print)

Authorized Signer Name (please print)

Signature

Signature

Date

Date