

# Electronic Funds Transfer Authorization

Wisconsin Department of Revenue  
2135 Rimrock Rd  
PO Box 8901  
Madison WI 53708-8901

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

Phone: (608) 266-7879

Fax: (608) 224-5790

You **must** make a copy of this completed form for your records. DOR will not send you a copy, except if you specifically request a copy in writing.

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Amount to be Withdrawn \$ \_\_\_\_\_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 or until the amount is fully paid. I understand and agree that I must give at least three (3) business days' prior notice to modify or cancel an automatic withdrawal utilizing the contact information at the top of this form. 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