## **MAINE REVENUE SERVICES**

EFT Unit, Maine Revenue Services, PO Box 1060, Augusta, ME 04332-1060
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Visit Maine Revenue Services at www.maine.gov/revenue

## **SECTION 10 - ELECTRONIC FUNDS TRANSFER**

**READ THIS FIRST:** You do not need to complete this section to pay taxes by ACH debit when filing your sales/use tax, income tax withholding or individual income tax return over the internet using the I-file system. Instead, enter your banking information in the I-file system for the tax return you are filing and select ACH debit when you come to the payment screen.

Only applicants who intend to use either the US Bank **ACH Teledebit** telephone payment option or **ACH Credit** payment option need to submit this application.

| 52.       | APPLICATION TYPE: Indicate options   | for which you are app      | lying.                    |                                    |                |
|-----------|--|----------------------------|---------------------------|------------------------------------|----------------|
|           | ☐ ACH TELEDEBIT (Telephone Payment Method)   | ☐ ACH CRED                 | IT                        |                                    |                |
| 53.       | APPLICATION INFORMATION:   |                            |                           |                                    |                |
|           | Legal Name(s):   |                            | _                         |                                    |                |
|           | Business Trade Name:   |                            | _                         |                                    |                |
|           | Employer Identification Number:  |                            | _ Contact Person's N      | lame:                              |                |
|           | Social Security Number*:   |                            | Contact Phone Number:     |                                    |                |
|           | Mailing Address:   |                            |                           |                                    |                |
|           | Email Address:   |                            |                           |                                    |                |
|           | *Only sole proprietors should provide a social security number.  |                            |                           |                                    |                |
|           | Are you a service bureau, a tax preparer or business that remits taxes on behalf of other companies?   |                            |                           |                                    |                |
|           | If Yes and funds will be withdrawn from your bank account rather than your client's bank account, you are not eligible for this payment system. You must use the ACH credit method (see below). ACH Teledebit instructions will be provided by the Electronic Funds Transfer Unit. |                            |                           |                                    |                |
|           | . ACH CREDIT APPLICANTS ONLY:  Are you a service bureau, a tax preparer, a third party withholder, or do you remit taxes for other companies?  |                            |                           |                                    |                |
|           | If Yes because you remit taxes for others to M Persons applying for ACH Credit must be cap ACH Credit instructions will be provided by the   | able of initiating ACH cre | edits in the required CCI |                                    |                |
| 55.       | TAX TYPE: Electronic Funds Transfers   | is requested for the fo    | ollowing:                 |                                    |                |
|           | Tax Type   | Tax Account ID Num         | <u>ber</u>                | Office Use Only                    |                |
|           |  |                            |                           |                                    |                |
|           |  |                            |                           |                                    |                |
|           |  |                            |                           |                                    |                |
|           |  |                            |                           |                                    |                |
|           |  |                            |                           |                                    |                |
|           |  |                            |                           |                                    |                |
| 56.       | <b>SIGNATURE:</b> I certify that the information This application must be signed by an owner,  |                            |                           | complete to the best of my knowled | ge and belief. |
|           |  |                            |                           |                                    |                |
| Signature |  | Title                      | Date                      | Phone                              |                |
|           |  | -                          |                           |                                    |                |
| Plea      | ase print or type your name  |                            |                           |                                    |                |