

Electronic Funds Transfer (EFT) Debit Application

Issued under authority of Public Act 122 of 1941 as amended.

Complete this form if you intend to file electronically. You may begin electronic filing after you receive your user code and instructions from the Michigan Department of Treasury for remitting payments. Use *Electronic Funds Transfer (EFT) - Account Update (Form 4515)* if any updates or changes need to be made to your account.

Taxpayer Name (Type or print clearly)		E-Mail Address		Taxpayer Identification Number (FE, TR or ME Number)	
Address		City		State	ZIP Code
Contact Person		Contact Person Fax Number		Contact Person Telephone Number	

INDICATE THE TYPE OF TAX(ES) YOU WILL BE PAYING BY EFT:

Tax Type and Tax Code

- | | |
|---|---|
| <input type="checkbox"/> Michigan Business Tax Extensions (02355) | <input type="checkbox"/> Corporate Income Tax Extensions (02370) |
| <input type="checkbox"/> Michigan Business Tax Annual (02655) | <input type="checkbox"/> Flow Through Withholding Corporation Quarterly (02010) |
| <input type="checkbox"/> Corporate Income Tax Annual (02670) | <input type="checkbox"/> Flow Through Withholding Individual Quarterly (02020) |
| <input type="checkbox"/> Corporate Income Tax Estimate (02170) | <input type="checkbox"/> Flow Through Withholding Annual (02675) |

AUTHORIZATION FOR EFT DEBITS

If you are interested in making electronic payments using the EFT debit method, you must give written permission to access your bank account to withdraw the funds you authorize. Do this by signing below.

I authorize the State of Michigan and its authorized contractor to make variable withdrawals by electronic transfer from the designated financial institution and account. I understand that only the withdrawals I authorize will be made and that this process is protected by a password and a user code. I understand that I may cancel this authorization at any time by sending a written notice to the address noted below. I agree to comply with the National Automated Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law. If multiple signers are required to authorize a withdrawal of funds, all must sign this form.

Signature	Title	Date
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Additional Signatures (if needed)

CERTIFICATION

Corporations, partnerships, LLP's or LLC's complete this section before this form can be processed. This officer, member or partner certification should be resubmitted when there is a change in the individual responsible for filing and/or paying Michigan taxes.

Be aware of officer, member or partner liability as provided in Michigan Compiled Laws 205.27a(5): "If a corporation, limited liability company, limited liability partnership, partnership, or limited partnership liable for taxes administered under this act fails for any reason to file the required returns or pay the tax due, any of its officers, members, managers, or partners who the department determines, based on either an audit or an investigation, have control or supervision of, or responsibility for, making the returns or payments is personally liable for the failure....."

Signature of Authorized Representative Responsible for Reporting and/or Paying Michigan Taxes	Title
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Type or Print Name	Date
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SECURITY VERIFICATION

An answer to the question below is required to complete the processing of your application. Retain a copy of your answer. A correct response is required when contacting Treasury's authorized contractor or completing certain updates to your account. You may change the security question and/or response after successfully accessing your account.

What school did you attend for sixth grade?

All information requested above must be completed and accurate before your application is processed. Fax this form to (517) 636-4520 or you may also mail the completed form to: Michigan Department of Treasury, Registration Unit, P.O. Box 30778, Lansing, MI 48909-8278. Allow four weeks for processing.