

Tobacco Products Electronic Funds Transfer (EFT) Debit Application

Issued under P.A. 122 of 1941, as amended. Filing is mandatory if you wish to pay by EFT Debit.

INSTRUCTIONS: Use this form to notify Treasury that you intend to pay your Tobacco Product taxes by EFT Debit. You may begin electronic payment after you receive our approval and receive instructions for transmitting.

Taxpayer Name and Address	Taxpayer Identification Number (FE, TR or ME Number)
	Contact Person Telephone Number
Contact Person	Contact Person Fax Number
If you are currently making payments for Motor Fuel, Single Business and/or Sales, Use and Withholding Taxes using the Michigan Automated Tax Payment IVR System, enter your 5-digit UserID: <input type="text"/>	
E-Mail Address - Enter e-mail address to receive electronic confirmation of your web payment	

Tax Type: Tobacco Products **Tax Codes:** Tobacco Products Tax (07300)
Tobacco Products Proposed Adjustments (07311)
Tobacco License Fee/Equity Assessment (07321)
Tobacco Stamp Fee (07331)

AUTHORIZATION FOR EFT DEBITS

If you are interested in making Tobacco Products Tax payments using the Electronic Funds Transfer (EFT) debit method, you must give written permission to access your bank account to withdraw the funds you authorize. Please do this by signing below.

<i>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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.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.</i>		
Signature of Responsible Officer	Title	Date
Additional Signatures (if needed)		

Please be aware of corporate officer 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 to 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."

CORPORATE OFFICER CERTIFICATION

(This form will not be processed for corporations unless this section is completed.)

Signature of Officer Responsible for Reporting and/or Paying Michigan Taxes	Date
Type or Print Name	Title

This corporate officer certification must be resubmitted when there is a change in the officer responsible for filing and/or paying Michigan taxes. Mail this form to the Michigan Department of Treasury for approval. After a successful test has been completed using your file format, a signed copy of this form will be mailed as your confirmation that your application has been received and processed. You will receive instructions from our contractor for filing electronic payments.

Treasury Approval	Date
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Return this form to: Michigan Department of Treasury
Special Taxes Division
P.O. Box 30748
Lansing, MI 48909-8248
Fax: (517) 636-4631

If you have any questions, contact the Michigan Department of Treasury at (517) 636-4630. Forms can be faxed to (517) 636-4631.