

Electronic Funds Transfer (EFT) - Account Update

This form is intended for accounts currently registered for EFT debit filing. Complete the requested information if you choose to add or delete a tax to be paid using EFT.

PART 1: ACCOUNT INFORMATION			
Company Name		User ID Code (5 or 6 digits)	
		Taxpayer Identification Number	
Address		E-Mail Address	
City	State	ZIP Code	Contact Person Telephone Number
Contact Person			Contact Person Fax Number

PART 2: TAX INFORMATION			
Check the appropriate box to add or delete a tax to be remitted by EFT debit (check all that apply).			
ADD	DELETE	ADD	DELETE
<input type="checkbox"/>	<input type="checkbox"/> Single Business Tax Annual (02671)	<input type="checkbox"/>	<input type="checkbox"/> Flow Through Withholding Annual (02675)
<input type="checkbox"/>	<input type="checkbox"/> Michigan Business Tax Extension (02355)	<input type="checkbox"/>	<input type="checkbox"/> Motor Fuel (05000)
<input type="checkbox"/>	<input type="checkbox"/> Michigan Business Tax Annual (02655)	<input type="checkbox"/>	<input type="checkbox"/> IFTA (05900)
<input type="checkbox"/>	<input type="checkbox"/> Corporate Income Tax Annual (02670)	<input type="checkbox"/>	<input type="checkbox"/> Tobacco Products Tax (07300)
<input type="checkbox"/>	<input type="checkbox"/> Corporate Income Tax Estimate (02170)	<input type="checkbox"/>	<input type="checkbox"/> Tobacco Products Proposed Adjustments (07311)
<input type="checkbox"/>	<input type="checkbox"/> Corporate Income Tax Extensions (02370)	<input type="checkbox"/>	<input type="checkbox"/> Tobacco License Fee/Equity Assessment (07321)
<input type="checkbox"/>	<input type="checkbox"/> Flow Through Withholding Corporate Quarterly (02010)	<input type="checkbox"/>	<input type="checkbox"/> Tobacco Stamp Fee (07331)
<input type="checkbox"/>	<input type="checkbox"/> Flow Through Withholding Individual Quarterly (02020)		
Date you wish to begin making EFT debit payments for the tax type(s) checked above. Treasury will try to complete processing by the date provided.			

PART 3: AUTHORIZATION (FOR EFT DEBIT FILERS ONLY)		
If you are interested in making EFT debit payments for the taxes selected above, you must give written permission to access the bank account you have designated to withdraw your authorized funds. You may do this by providing your signature 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

PART 4: CERTIFICATION	
Complete this section if you are not currently registered to pay sales tax, use tax, or withholding tax by EFT, and have checked the box in Section 2 to begin remitting one or more of these taxes by EFT.	
Please 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 Corporate Officer, Partner, or Member responsible for reporting and/or paying Michigan taxes	Date
Type or Print Name	Title

If you have any questions, contact the Michigan Department of Treasury at (517) 636-6925. You may fax this form to (517) 636-4520, or mail to:

Michigan Department of Treasury
Registration Unit
PO Box 30778
Lansing MI 48909-8728