## Motor Fuel Electronic Funds Transfer (EFT) Debit Application

Issued under P.A. 122 of 1991, as amended. Filing is mandatory if you wish to pay by EFT Debit.

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

| Taxpayer Name and Address  |       | Taxpayer Idenification Number |                 |
|--|-------|-------------------------------|-----------------|
|  |       | Contact Person Te             | elephone Number |
| Contact Person   |       | Contact Person Fax Number     |                 |
| E-Mail address - Enter e-mail address to receive electronic confirmation of your web payment   |       |                               |                 |
| Tax Type: Motor Fuel Tax Code: 05000   |       |                               |                 |
| AUTHORIZATION FOR EFT DEBITS   |       |                               |                 |
| If you are interested in making Motor Fuel 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 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.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 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):<br>"If a corporation, limited liability company, limited liability partnership, partnership or limited partnership liable for taxes administered under this<br>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<br>determines, based on either an audit or an investigation, have control or supervision of, or responsibility for, making the returns or payments is<br>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. We will sign it and return it to you. You will receive instructions from our contractor for filing electronic payments.  |       |                               |                 |
| SECURITY   |       |                               |                 |
| The security question is required to complete the processing of your application. Please 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?  |       |                               |                 |
| If you have any questions, contact the Michigan Department of Treasury at (517) 636-4600.<br>Return this from to:<br>Michigan Department of Treasury<br>PO Box 30474<br>Lansing MI 48909-7974<br>Fax: (517) 636-4593   |       |                               |                 |
| TREASURY USE ONLY  |       |                               |                 |

Treasury Appoval

Date