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WEB

Michigan Department of Treasury
3798 (Rev. 09-18)

Electronic Funds Transfer (EFT) Authorization

Payment of Installment Agreements

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

INSTRUCTIONS: Completion of this form is required to establish an Electronic Funds Transfer arrangement for a one-time payment or continuous bi-weekly or monthly payments. Carefully read and complete the entire authorization form. Retain a copy for your records. Mail the completed form to Department of Treasury, Collection Services Bureau, PO Box 30199, Lansing MI 48909, or fax to 517-272-5561.

1. Type of authorization (select only one)

(i) ☐ **NEW –** Select if establishing an Electronic Funds Transfer (EFT). Allow a minimum of 16 days for the EFT to begin. An EFT is in effect when you are notified by the Collection Services Bureau in writing a minimum of 16 days before the first payment is withdrawn. Make all payments manually until you receive the EFT Acknowledgement letter.

☐ **CHANGE –** Select if changing financial institution, account number, type of account, etc. Do not close your old account until this change takes place. Allow a minimum of 16 days for the EFT change to become effective.

☐ **CANCEL –** Select if you want to cancel an ongoing EFT. You may cancel this EFT authorization at any time by calling 800-950-6227 four days prior to the payment due date, or by completing and mailing this form to the address above 16 days prior to the payment due date. Allow a minimum of 16 days for the cancellation to take effect.

(i) 2. Name (Last Name, First, M.I.)	(i) 3. Treasury Account Number	4. Telephone Number
(i) 5. Street Address	6. City, State, ZIP Code	
(i) 7. Name of Financial Institution	(i) 8. Account Number (at Financial Institution)	
(i) 9. Routing Number (9 digits)*	(i) 10a. Account Type (check one) ☐ Checking ☐ Savings	(i) 10b. Account Ownership (check one) ☐ Commercial* ☐ Individual
11. Payment Type (check only one box) (i) ☐ One-Time Payment ☐ Continuous Bi-Weekly Payments ☐ Continuous Monthly Payments	(i) 12a. One-Time Payment Amount	(i) 12b. One-Time Payment Date (MM/DD/YYYY)
	(i) 13a. Bi-Weekly Payment Amount	(i) 13b. Bi-Weekly Payment Date (MM/DD/YYYY)
	(i) 14a. Monthly Payment Amount	(i) 14b. Monthly Payment Date (MM/DD/YYYY)

*Contact your financial institution for the routing number, if not already known.

15. AUTHORIZATION

I authorize the State of Michigan, Treasury Collection Services Bureau, to make withdrawals by electronic transfer from the designated financial institution and account identified above.

One-Time Payment (boxes 12a and 12b). The amount of the withdrawals will be equal to the One-Time Payment Amount specified in box 12a. The withdrawal will take place on the date specified in box 12b.

Continuous Bi-Weekly/Monthly Payments (boxes 13a/14a and 13b/14b). The amount of the bi-weekly/monthly withdrawals will be equal to the amount specified in box 13a/14a. If payment is in conjunction with the request for a formal installment agreement, the payment amount must also comply with those guidelines. Bi-weekly payments will be taken every two weeks from the start date specified in box 13b.

Payment Date (boxes 12b, 13b, and 14b). If the payment date specified is a State holiday or weekend, the withdrawal will take place on the next business day.

I authorize the Collection Services Bureau to return money that was withdrawn from my account in error by electronically adjusting my account. I understand I will be notified by the Collection Services Bureau if adjustments are made. It is my responsibility to complete a new Electronic Funds Transfer Authorization form and mail it to the address above if I change financial institutions or account numbers. If I am changing financial institutions or closing my account, I will not close my old account until payments have been successfully withdrawn from the new account. This authorization is governed by National Automated Clearing House 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 fund transactions authorized by this agreement in all respects except as otherwise superseded by federal law. I understand any change to the payment amount, and/or due date must be made a minimum of **16 days** prior to the payment due date, by contacting the Collection Services Bureau by mail or fax. I understand any missed payment or payment returned for non-sufficient funds (NSF) may be subject to additional penalty charges and the account recommended for enforcement action such as levying of wages and other financial assets.

If multiple account holders are required to authorize a withdrawal of funds, all must sign this authorization form.

Note: You are ineligible to pay by ACH if the bank account identified above is funded or otherwise associated with a foreign bank account to the extent that the payment transaction would qualify as an International ACH Transaction (IAT) under the NACHA Rules.

(i) Printed Name	Signature	Date
Printed Name of Joint Account Holder (if applicable)	Signature of Joint Account Holder (if applicable)	Date

Instructions for Form 3798, Electronic Fund Transfer (EFT) Authorization

Carefully read and complete the entire authorization form.

Line 1. Check the type of authorization (NEW, CHANGE OR CANCEL). See explanation next to the check box on page 1.

Line 2. Enter name – print or type complete name, include first, last and middle initial.

Line 3a. Enter your Treasury account number. The account number can be found in the upper right hand corner of your notice.

Line 3b. Enter your Social Security number.

Lines 4 – 6. Enter your complete address and phone number including area code.

Line 7. Enter the name of your bank/financial institution.

Lines 8 and 9. Contact your bank to obtain or confirm your bank account number and routing number for electronic fund transfer purposes. Enter this information in sections 8 and 9.

Line 10a. Select the appropriate account type to ensure an accurate withdrawal.

Line 10b. Select the appropriate account ownership to ensure an accurate withdrawal.

Line 11. Payment Type. Check only one box. One-time payment means this transaction will withdraw the amount indicated only one-time. Continuous Bi-weekly payments means the amount will be withdrawn from your account on the start date as indicated on the form and every 14 days thereafter until the balance is paid in full or upon cancellation at the customer's request. Continuous monthly payments means the amount will be withdrawn from your account on the same day each month as indicated on the form until the balance is paid in full or upon cancellation at the customer's request.

Line 12a. Enter one-time payment amount here.

Line 12b. Enter one-time payment date here. The date must be a minimum of 16 days prior to the payment due date.

Line 13a. Enter the bi-weekly payment amount here for continuous bi-weekly payments. **If the payment is in conjunction with a request for a formal installment agreement then the payment must also comply with those guidelines.**

Line 13b. Enter bi-weekly payment date here. The date must be a minimum of 16 days prior to the payment due date.

Line 14a. Enter monthly payment amount here for continuous payments. **If the payment is in conjunction with a request for a formal installment agreement then the payment must also comply with those guidelines.**

Line 14b. Enter monthly payment date here. The date must be a minimum of 16 days prior to the payment due date.

Line 15. Read this section completely. Signature(s) of the account holder(s) are required for processing the request. If multiple account holders are required to authorize a withdrawal of funds, then all must sign this authorization form. Retain a copy for your records.

IMPORTANT: THE FUNDS MUST BE AVAILABLE ON THE DUE DATE TO AVOID NON-SUFFICIENT FUND FEES.

DRIVER RESPONSIBILITY FEE PAYMENTS: YOUR EFT FORM MUST BE RECEIVED WITHIN 30 DAYS OF THE DATE SHOWN ON YOUR SECOND DRIVER RESPONSIBILITY FEE NOTICE. FAILURE TO PAY OR MAKE ARRANGEMENTS BY THE DEADLINE REFERENCED IN YOUR SECOND NOTICE WILL RESULT IN SUSPENSION OF YOUR DRIVING PRIVILEGES. YOUR EFT FORM MUST BE COMPLETED ACCURATELY OTHERWISE WE CANNOT GUARANTEE THAT YOUR DRIVER'S LICENSE WILL NOT BE SUSPENDED.

***Commercial/Business Accounts:** Some financial institutions offer a service referred to as "Debit Blocking" to their business account owners to prevent unauthorized withdrawals posting to their accounts. If an account has a Debit Block, any withdrawal transactions attempting to post to the account will be returned unpaid. Most Debit Blocking services provide the business account owner with the option to authorize certain withdrawals by providing the bank with specific information about transactions it wishes to authorize.

For purposes of the Treasury Collection Installment Agreement, the Company ID field of the ACH debit transaction initiated by submitting your EFT Authorization can be used to identify it as an authorized transaction. The Company ID for the Treasury Collection Installment Agreement transactions is 1386000134.

If you have a Debit Block service on your account it is essential that you contact your bank and take steps to allow ACH transactions identified with the Company ID above to debit your account. Failure to make these arrangements will result in your installment agreement payment to be rejected by your bank and your payment will not be made.