



**GEORGIA EFT
ACH-CREDIT
Taxpayer Registration/Authorization
Form**

1. Taxpayer Name: _____ Client ID (If third party vendor): _____

2. Address: _____

City: _____ State: _____ ZIP: _____

3. Tax Account Number (Required): _____ FEIN: _____

4. Type of Tax Payment (Check one per Request):

WH Non-Res WH ST Corp 911 Wireless Fireworks Excise State Hotel-Motel Fee

Public Service Commission Railroad Equipment Southwest Railroad Transportation Services Tax

5. Taxpayer's Contact Person: _____ Title: _____

Phone: _____ Ext: _____

E-mail (required): _____

6. 3rd Party Contact For GA Returns & Payments: _____

Phone: _____ Ext: _____

E-mail (required): _____

7. I/We declare, under penalties of perjury that I/we have examined this application and to the best of my/our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which taxpayer has any knowledge.

Signature _____ Title: _____ Date: _____
(Taxpayer)

Signature _____ Title: _____ Date: _____
(Third Party Vendor)

Please scan and return by e-mail to DOR.ElectronicFundsTransfer@dor.ga.gov



1. Client ID: If you are a third party vendor submitting this form, please PRINT YOUR CLIENT'S ID NUMBER.

2. Address: The address to which all correspondence regarding electronic funds transfer (EFT) should be mailed.

3. Tax Account Numbers: Tax Account Number for tax type in part 4 (if applicable)
FEIN: Federal Employer Identification Number.

4. Type of Tax Payment: The tax type being paid such as Sales and Use, Withholding, Non - Resident Withholding, Corporate, Prepaid 911 Wireless, Fireworks Excise, State Hotel-Motel Fee, Public Service Commission, Railroad Equipment, Southwest Railroad, and Transportation Services Tax.

5. Taxpayer's Contact Person: If taxpayer is completing the form, enter the, name, title, phone number, and E-mail address of the primary person who should be contacted in the eve of a problem/error with an EFT and to whom all correspondence regarding EFT payments should be mailed.

6. Third Party Payroll Provider Contact Person: If a third party vendor/payroll provider is completing the form, enter the name, title, phone number, and E-mail address of primary person who should be contacted in the event of a problem/error with an EFT and to whom all correspondence regarding EFT payments should be mailed.

7. Signature: Signature should be provided as appropriate by the taxpayer and/or an Agent for the third party vendor.