



LOUISIANA
DEPARTMENT of REVENUE

**Installment Request for Individual
Income Bank Debit Application**

Mail to:

Louisiana Department of Revenue
Collection Division
P.O. Box 66658
Baton Rouge, LA 70896-6658

| | | | |
|------------------------------------|-------------------------|--|--------------------------|
| Name | | Social Security Number | Daytime Telephone Number |
| Spouse Name | | Social Security Number | |
| Name of your Financial Institution | | | |
| Bank Routing Number | | Bank Account Number | |
| Bank Account Name | | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Start Date (mm/dd/yyyy) | Debit Date (mm/dd/yyyy) | | Debit Amount |

NOTE: PLEASE ATTACH A VOIDED CHECK.

Signature and Verification

Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I agree to participate in this Automatic Bank Draft Program.

I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

| | |
|--------------------|-------------------|
| Your Signature | Date (mm/dd/yyyy) |
| Spouse's Signature | Date (mm/dd/yyyy) |