

Direct Debit Tax Payment Plan Authorization Form

Instructions: Complete this form to authorize automatic scheduled debits from your bank account for your tax payment plan. Please print, sign, and submit the completed form.

1. Taxpayer Information

Taxpayer Full Name (or Business Name):

SSN or FEIN:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Bank Account Information

Please provide the details of the account from which payments should be debited.

Financial Institution (Bank Name):

Routing Transit Number (9 digits):

Account Number:

Account Type (Checking or Savings):

3. Payment Schedule & Amount

Tax Year / Period:

Monthly Debit Amount (\$):

Payment Start Date (MM/DD/YYYY):

Day of the Month for Debit (e.g., 10th, 15th):

4. Authorization and Agreement

By signing below, I authorize the tax authority to initiate direct debit entries from my designated checking or savings account listed above for the purpose of fulfilling my tax payment plan. I understand that this authorization will remain in full force and effect until the scheduled tax liability is paid in full, or until I provide written notification of termination in such time and manner as to afford the financial institution a reasonable opportunity to act on it.

I acknowledge that scheduled debit amounts may vary if adjustments are made to my tax liability, and I will be notified in writing of any such changes prior to the debit date.

Authorized Account Holder Signature: _____

Date (MM/DD/YYYY):

Printed Name: