STATE OF ARKANSAS
DEPARTMENT OF FINANCE & ADMINISTRATION
MOTOR FUEL TAX
AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

PLEASE ENTER YOUR MOTOR FUEL TAX ACCOUNT NUMBER

☐ GASOLINE IMPORTER # __________________________
☐ DIESEL IMPORTER # __________________________
☐ GASOLINE 1ST RECEIVER # ______________________
☐ DIESEL 1ST RECEIVER # _________________________
☐ LP GAS # __________________________
☐ PE FEE # __________________________________

PLEASE PRINT OR TYPE

| BUSINESS NAME __________________________ | FEIN __________________________ |
| PRIMARY EFT CONTACT PERSON __________________________ | PHONE ( ) __________________ |
| ADDRESS ______________________________________ | ____________________________ |
| CITY, STATE, ZIP __________________________ | ____________________________ |
| SECONDARY EFT CONTACT PERSON __________________________ | PHONE ( ) __________________ |
| ADDRESS ______________________________________ | ____________________________ |
| CITY, STATE, ZIP __________________________ | ____________________________ |
| SIGNATURE OF OWNER, PARTNER OR OFFICER __________________________ | DATE __________________ |

CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW

A

COMPLETE THIS SECTION ONLY IF YOU CHOOSE THE ACH DEBIT OPTION

IF THE ACH DEBIT IS CHOSEN, YOU AUTHORIZE THE DEPARTMENT OF FINANCE & ADMINISTRATION OR ITS AGENT TO PRESENT DEBIT ENTRIES TO YOUR BANK FOR THE TAX SPECIFIED ABOVE. ONLY YOU CAN INITIATE A DEBIT BY CALLING THE STATE'S SERVICE BUREAU AND INDICATING THE AMOUNT OF TAX TO BE PAID BY EFT.

AN AUTHORIZED REPRESENTATIVE OF YOUR BANK MUST COMPLETE AND SIGN THIS SECTION OF THE FORM.

B

BANK NAME __________________________
BANK ADDRESS __________________________
CITY, STATE, ZIP __________________________
BANK ACCT.# __________________________ ROUTING / TRANSFER # __________________________
PRINTED NAME OF BANK REPRESENTATIVE __________________________
SIGNATURE OF BANK REPRESENTATIVE __________________________ DATE __________________
SIGNATURE OF OWNER, PARTNER OR OFFICER __________________________ DATE __________________

C

COMPLETE THIS SECTION ONLY IF YOU CHOOSE THE ACH CREDIT OPTION

AN AUTHORIZED REPRESENTATIVE OF YOUR BANK MUST SIGN THIS SECTION OF THE FORM CONFIRMING THAT YOU AND YOUR BANK ARE CAPABLE OF INITIATING ACH CREDITS IN THE REQUIRED CCD + TXP FORMAT.

BANK NAME __________________________
BANK ADDRESS __________________________
CITY, STATE ZIP __________________________
PRINTED NAME OF BANK REPRESENTATIVE __________________________
SIGNATURE OF BANK REPRESENTATIVE __________________________ DATE __________________
SIGNATURE OF OWNER, PARTNER OR OFFICER __________________________ DATE __________________

COMPLETE THIS FORM AND RETURN TO:
MOTOR FUEL TAX SECTION, P O BOX 1752, LITTLE ROCK AR 72203-1752
PHONE (501) 682-4800 FAX (501) 682-5599
GENERAL INFORMATION

During the 1995 Regular Legislative Session, Act 954 was adopted requiring all Distributors and Suppliers to remit Motor Fuel Taxes to the State of Arkansas by Electronic Funds Transfer (EFT).

Each Distributor and/or Supplier must complete an Authorization Agreement form registering the different Fuel types that will be paid by EFT.

All filers must transmit EFT payment at least one working day before the due date so the money will be in our account on the due date. If the due date falls on a weekend or a holiday, the next working day becomes the due date. Therefore, the business will transmit on Friday before the weekend. **ALL FUND TRANSFERS, MUST BE MADE BEFORE 3:00 p.m. CENTRAL TIME ZONE. ANY EFT TRANSACTION RECEIVED AFTER THE CUT OFF TIME WILL BE ASSESSED A LATE PENALTY.**

A separate Authorization Agreement Form must be completed for each Bank Account that your company will use for EFT. If you change your bank account you must submit a new MF-EFT1 10 working days before the next due date.

Federal wire transfers are not an acceptable means of making EFT payments and will not be considered timely payments.

Payments made by Bank Checks for Motor Fuel Taxes and Petroleum Environmental Fee are **UNACCEPTABLE** and will not be considered timely payments.

INSTRUCTIONS

SECTION “A” CONTRACTS:
Business Name - Enter the correct legal name of your Company.

**FEIN** - Is required on all Accounts.

**PRIMARY and SECONDARY CONTACT PERSONS** - Are very essential, we are requesting that these individuals be the owner or employee who will actually be involved with the EFT process each month.

**EACH COMPANY WILL BE REQUIRED TO CHOOSE ONE OF THE TWO OPTIONS.**

SECTION “B” ACH DEBIT:
If you choose the ACH Debit you authorize the Department of Finance and Administration or its Agents to debit the Bank Account you have indicated on this form for your Monthly Motor Fuel Tax. This debit will be created when your Primary or Secondary Person places a phone call to the States agent giving the individual Tax Type(s) and amount due for the reporting period. This call must be placed one business day prior to the due date of the tax.

A warehousing feature is available to allow essential personnel to enter EFT payment 45 days before the due date, if he/ she will be out of the office.

SECTION “C” ACH CREDIT:
You are indicating that your bank will be able to transfer your monthly Motor Fuel Tax one business day before the due date.

All ACH Credit filers will need to transmit a successful pre-note for the amount of one cent in the required CCD - TXP FORMAT before making their regular payments in this manner.

**AFTER YOUR COMPANY HAS CHOSEN EITHER ACH DEBIT OR CREDIT FOR THE REMITTING MOTOR FUEL TAX YOU WILL BE PROVIDED ADDITIONAL INFORMATION CONCERNING THE METHOD YOU HAVE CHOSEN.**