

STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
MOTOR FUEL TAX

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

PLEASE ENTER YOUR MOTOR FUEL TAX ACCOUNT NUMBER

<input type="checkbox"/> GASOLINE IMPORTER # _____	<input type="checkbox"/> DIESEL IMPORTER # _____
<input type="checkbox"/> GASOLINE 1 ST RECEIVER # _____	<input type="checkbox"/> DIESEL 1 ST RECEIVER # _____
<input type="checkbox"/> LP GAS # _____	<input type="checkbox"/> PE FEE # _____
<input type="checkbox"/> DYED DIESEL # _____	

PLEASE PRINT OR TYPE

A C O N T A C T	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

B A C H D E B I T	<p>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.</p>
	AN AUTHORIZED REPRESENTATIVE OF YOUR BANK MUST COMPLETE AND SIGN THIS SECTION OF THIS FORM
	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 A C H C R E D I T	<p>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 INITATING ACH CREDITS IN THE REQUIRED CCD + TXP FORMAT.</p>
	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

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