



# City of Cincinnati Income Tax Division

## ACH Credit Electronic Filing Program

### ACH CREDIT AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

#### TAXPAYER INFORMATION

TAXPAYER ACCOUNT NAME: \_\_\_\_\_

CINCINNATI ACCOUNT NUMBER: \_\_\_\_\_

SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION YOU WILL BE USING FOR ACH TRANSACTIONS: \_\_\_\_\_

#### CONTACT INFORMATION

PRIMARY CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: (     ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

#### AUTHORIZATION STATEMENT

I hereby authorize the contact person listed on this form and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic payment of withholding taxes, answer inquiries, and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the City of Cincinnati Finance Department has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Mail the completed registration form to:

**ACH CREDIT ELECTRONIC FILING PROGRAM  
CITY OF CINCINNATI  
INCOME TAX DIVISION  
805 CENTRAL AVENUE SUITE 600  
CINCINNATI OH 45202-5799**

*File layout specifications will be mailed to you once your  
registration form has been accepted.*