

## ACH CREDIT ELECTRONIC FILING PROGRAM

The City of Maumee is pleased to offer the ACH Credit Electronic Filing Program for remitting your employee withholding tax payments. We are working to provide you with more efficient electronic tax filing and reporting capabilities. Your participation in this new program is greatly appreciated and we look forward to working with you.

### BENEFITS TO YOU:

- 1) The ACH Credit Program is available to you 24 hours a day, 7 days a week.
- 2) Your payments are processed conveniently and accurately via electronic funds transfer.
- 3) After you have registered for our program, nothing needs to be mailed to us.

### REQUIREMENTS:

To file using the ACH Credit Program, please contact your bank to ensure they can process ACH credit transactions. If your bank does offer this service, ask for their ACH transmission schedule. This schedule will determine the timing of when your payment should be credited.

### ENROLLMENT:

To register for the ACH Credit Electronic Filing Program, all you need to do is complete and return the enclosed ACH Credit Authorization Form. Fax to: 419-897-8924 or mail to:

ACH Credit Electronic Filing Program  
City of Maumee Income Tax Division  
400 Conant Street  
Maumee, OH 43537

Once we receive your registration form, we will send to you the file layout specifications that you will need to use for preparation of your ACH Credit file transmissions.

ACH CREDIT ELECTRONIC FILING PROGRAM

Authorization Form for Electronic Funds Transfer

**TAXPAYER INFORMATION**

Taxpayer Account Name: \_\_\_\_\_

Maumee Account Number: \_\_\_\_\_

SSN or FED TAX ID Number: \_\_\_\_\_

Name of Financial Institution You Will Be Using for ACH Transactions:  
\_\_\_\_\_

**CONTACT INFORMATION**

Primary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**AUTHORIZATION STATEMENT**

I hereby authorize the contact person listed on this form and the financial institution involved in the 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 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 Maumee Income Tax Division has received written notification from me of termination in such time as to afford a reasonable opportunity to act thereon.

\_\_\_\_\_

Taxpayer Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title