

**STATE OF RHODE ISLAND
EMPLOYER TAX UNIT
1511 Pontiac Avenue
Cranston, RI 02920-0942
(401) 574-8700 (Option 2)**

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS

RI EMPLOYER REGISTRATION NUMBER _ _ _ _ _

TYPE OF TAX: **EMPLOYMENT SECURITY
TEMPORARY DISABILITY INSURANCE
JOB DEVELOPMENT FUND**

FIRST QUARTER THAT FUNDS WILL BE TRANSFERRED ELECTRONICALLY:

Sections A, B and C below and on back must be completed by all taxpayers

A. COMPANY DATA

COMPANY NAME: _____

D/B/A: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

B. CONTACT PERSON(S):

Primary EFT contact person:

NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (____) _____ EXT: _____

Secondary EFT contact person:

NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (____) _____ EXT: _____

Signature of Owner, Partner or Officer of Corporation
Date

C. ACH CREDIT METHOD

If you are already remitting using the **ACH CREDIT** method with the Federal Government or for other state taxes, just return this form. If this is the first time that you will be using the **ACH CREDIT** method, you must have an **AUTHORIZED REPRESENTATIVE** of your bank complete and sign this section confirming that you and your bank are capable of initiating **ACH CREDITS** in the required CCD+ and TXP format.

BANK NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP CODE:** _____

Printed Name of Bank Representative
Telephone Number

Signature of Bank Representative
Date

This form must be completed and mailed to: _____

**Electronic Funds Transfer Program
Rhode Island Division of Taxation
Employer Tax Section
1511 Pontiac Avenue
Cranston, RI 02920-0942**