



GEORGIA EFT
ACH-CREDIT
Taxpayer Registration/Authorization
Form

1. Taxpayer Name: Client ID (If third party vendor):

2. Address:

City: State: ZIP:

3. Tax Account Number (Required): FEIN:

4. Type of Tax Payment (Check one per Request):

- [] Withholding [] Non-Resident Withholding [] Sales and Use Tax [] Corporate [] State Hotel-Motel Fee
[] Public Service Commission [] Railroad Equipment [] Prepaid Wireless 911 [] Fireworks Excise
[] Partnership [] Southwest Railroad [] Transportation Services Tax [] Motor Fuel

5. Taxpayer's Contact Person: Title:

Phone: Ext:

E-mail (required):

6. 3rd Party Contact For GA Returns & Payments:

Phone: Ext:

E-mail (required):

7. I/We declare, under penalties of perjury that I/we have examined this application and to the best of my/our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which taxpayer has any knowledge.

Signature Title: Date:
(Taxpayer)

Signature Title: Date:
(Third Party Vendor)

Please scan and return by e-mail to DOR.ElectronicFundsTransfer@dor.ga.gov



1. Client ID: If you are a third party vendor submitting this form, please PRINT YOUR CLIENT'S ID NUMBER.

2. Address: The address to which all correspondence regarding electronic funds transfer (EFT) should be mailed.

3. Tax Account Numbers: Tax Account Number for tax type in part 4 (if applicable)
FEIN: Federal Employer Identification Number.

4. Type of Tax Payment: The tax type being paid such as Withholding, Non-Resident Withholding, Sales and Use Tax, Corporate, State Hotel-Motel Fee, Public Service Commission, Railroad Equipment, Prepaid Wireless 911, Fireworks Excise, Partnership, Southwest Railroad, Transportation Services Tax, and Motor Fuel.

5. Taxpayer's Contact Person: If the taxpayer is completing the form, enter the name, title, phone number and E-mail address of the primary person who should be contacted in the event of a problem/error with an EFT and to whom all correspondence regarding EFT payments should be mailed.

6. Third Party Payroll Provider Contact Person: If a third party vendor/payroll provider is completing the form, enter the name, title, phone number and E-mail address of the primary person who should be contacted in the event of a problem/error with an EFT and to whom all correspondence regarding EFT payments should be mailed.

7. Signature: Signature should be provided as appropriate by the taxpayer and/or an Agent for the third party vendor.