



**ACH CREDIT ELECTRONIC FILING PROGRAM**  
Authorization Form for Electronic Funds Transfer

<p><b>TAXPAYER INFORMATION</b></p> <p>Taxpayer Account Name: _____</p> <p>Tax Account Number: _____</p> <p>Federal Tax ID Number: _____</p> <p>Name of Financial Institution You Will Be Using for ACH Transaction: _____</p>
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<p><b>TAXPAYER CONTACT INFORMATION</b></p> <p>Primary Contact Person: _____</p> <p>Address: _____ _____</p> <p>Phone Number: _____ E-mail: _____</p>
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**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 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 Mason Tax Office has received written notification from me of termination in such time as to afford a reasonable opportunity to act upon it.

_____ Taxpayer Signature	_____ Date
_____ Printed Name	_____ Title

Mail the completed registration form to:

**ACH CREDIT ELECTRONIC FILING PROGRAM  
CITY OF MASON INCOME TAX OFFICE  
6000 MASON-MONTGOMERY RD  
MASON, OH 45040**

Account specifications will be mailed to you once your registration form has been accepted