



Tax Office

6000 Mason-Montgomery Road
Mason, OH 45040
513-229-8535
Fax: 513-229-8536

ACH CREDIT ELECTRONIC FILING PROGRAM

Authorization Form for Electronic Funds Transfer

TAXPAYER INFORMATION

Taxpayer Account Name: _____

Tax Account Number: _____

Federal Tax ID Number: _____

Name of Financial Institution You Will Be Using for ACH Transaction:

TAXPAYER CONTACT INFORMATION

Primary Contact Person: _____

Address: _____

Phone Number: _____ E-mail: _____

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.