



# EFT-1 Authorization Agreement for Electronic Funds Transfer

## Step 1: Check the reason you are completing Form EFT-1

Initial set up       Change(s) to previously submitted information\*      Effective date of change: \_\_\_/\_\_\_/\_\_\_

\*Specify change \_\_\_\_\_

## Step 2: Identify the taxpayer

1 Taxpayer's name \_\_\_\_\_ 3 Federal employer identification number (FEIN) \_\_\_\_\_

2 Address \_\_\_\_\_ 4 Illinois business tax number (IBT no.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ 5 Social Security number (SSN) \_\_\_\_\_

## Step 3: Complete designated agent information - Only if a designated agent will be making payments.

6 **PAYVILLE USA** \_\_\_\_\_ 8 **Chris Kapolas** \_\_\_\_\_  
Designated agent's name Contact person's name

7 **800 Enterprise Drive, Suite 201** \_\_\_\_\_ 9 ( **630** ) **366 - 2600** ( **630** ) **368 - 3900** \_\_\_\_\_  
Address Telephone Fax

**Oak Brook** \_\_\_\_\_ **IL** **60523** \_\_\_\_\_ 10 *Chris Kapolas* \_\_\_\_\_  
City State ZIP Signature authorization for EFT Program (Authorized officer of designated agent)

## Step 4: Identify your EFT contact person

11 **Nancy Forsythe** \_\_\_\_\_ 13 ( **630** ) **366 - 2600** ( **630** ) **368 - 3900** \_\_\_\_\_  
Contact person's name - Please print Telephone Fax

12 **n / a** \_\_\_\_\_  
E-mail address

## Step 5: Check your ACH option

Debit       Credit - Go to Step 6.       Internet - See instructions for availability.

14 Financial institution's name \_\_\_\_\_ 17 Account type:  Business or  Individual/Consumer  
 Checking or  Savings

15 Name on account \_\_\_\_\_

16 Account number \_\_\_\_\_ 18 Routing transit number \_\_\_\_\_

## Step 6: Check the authorized payments

Business income tax <input type="checkbox"/> IL-1120-ES	<input type="checkbox"/> IL-505-B	<input type="checkbox"/> IL-1023-CES	Electricity dist. & invested capital	<input type="checkbox"/> ICT-1	<input type="checkbox"/> ICT-4
Withholding income tax	<input checked="" type="checkbox"/> IL-501	<input checked="" type="checkbox"/> IL-941	Gas revenue and gas use tax	<input type="checkbox"/> RPU-50	<input type="checkbox"/> RG-1
Individual income tax	<input type="checkbox"/> IL-1040-ES	<input type="checkbox"/> IL-505-I	Electricity excise tax	<input type="checkbox"/> RPU-50	<input type="checkbox"/> RPU-13
Sales, service and use tax	<input type="checkbox"/> RR-3	<input type="checkbox"/> ST-1	Telecom taxes - state & local	<input type="checkbox"/> RPU-50	<input type="checkbox"/> RT-2
Motor vehicle renting tax		<input type="checkbox"/> ART-1	Telecom infrastructure maint. fee		<input type="checkbox"/> RT-10
Chicago soft drink tax		<input type="checkbox"/> ST-14	Tobacco products tax		<input type="checkbox"/> TP-1
County motor fuel tax		<input type="checkbox"/> CMFT-1	Cigarette tax (ACH debit option only)		<input type="checkbox"/> RC-1-A
MPEA food & beverage tax		<input type="checkbox"/> ST-4	Hotel tax		<input type="checkbox"/> RHM-1
Prepaid sales tax	<input type="checkbox"/> PST-3	<input type="checkbox"/> PST-1	Liquor tax		<input type="checkbox"/> RL-26
			Liquor airline tax		<input type="checkbox"/> RL-26-A

## Step 7: Sign and complete

Under penalties of perjury, I state that I have examined this form and to the best of my knowledge it is true, correct, and complete. The Illinois Department of Revenue is authorized to use this information in accordance with the Department of Revenue Law of the Civil Administrative Code of Illinois and all applicable Illinois tax acts. This agreement shall remain in force until the department receives written notification from the taxpayer.

Signature of taxpayer, authorized officer, or partner

Title

Date