5	Form ACH Transfer Agreement for Political Subdivisions	Local			Departme MM/DD/ [^]		e Only							
Misso Numb	Se	ee page tv	ı.ı wo fo		ctions									
	Type of Agreement (Select One:	ct One):		ew L	∃ Chai	nge	ЦС	ance	el .					
	☐ Cigarette Tax	rette Tax					ce Tax							
ype	☐ Gas Tax, Motor Vehicle Sales Tax,	Tax, Motor Vehicle Sales Tax, ☐ Local Option Use Tax (City and County) ☐ Local Option Use Tax (District)										i)		
Тах Туре	and Motor Vehicle Fee Increase	d Motor Vehicle Fee Increase ☐ Local Riverboat G				е	☐ Lo	cal Sa	les Tax	(City	and Cou	unty)		
	☐ Local Sales Tax (District)	al Sales Tax (District)			Tax (TDD)				☐ Private Car Tax					
	☐ Statutory County Recorders Tax	tatutory County Recorders Tax												
Applicant	Organization's Name	-	ontact erson					Ti	tle					
	Address		City					State		ZIP				
	Telephone ()	nail Iress												
	We acknowledge the Department of Revenue reserves the right to provide distribution by check or other means as it deems necessary. The undersigned designate the following as the account to which the Department should credit the ACH.													
	Name	to willoff the L	эсрагип	chi should	orcan un		Telepho Number	ne (_)				
	Address		City					State		ZIP				
		BA Routing umber					Accour Numbe							
Fina	Type of Account:		_											
	Two city, county, or district official authorized signa finance director, or board member acting in such cap finance officer for the board. Under penalties of percorrect.	acity. If a boa	ırd mem	ber signs, h	ne or she	is dec	laring tha	at he or	she is s	erving a	as an aut	horized		
Signature	Authorized Signature			Printed Name										
	Title			Signed DD/YYYY)	/_	/								
	Authorized Signature		I	Printed Name										
	Title			Signed DD/YYYY)	/_	/								
		Depart	ment <u>l</u>	Jse Only										
Code														
Title		Date Sigi (MM/DD/		/	/		1	ive Dat	I .	/_	/			

Mail to: Administration Division

Investment and Cash Management Office TTY: (800) 735-2966

P.O. Box 87

Jefferson City, MO 65105-0087

Phone: (573) 751-4565



1/502010001

Financial Institution Information

- 1. Financial Institution Name and Address: Enter your financial institution's name and address.
- 2. Account Name: Enter your account name at the financial institution.
- 3. ABA Routing Number: Enter your routing number which is printed on the bottom left hand portion of your business checks. See Examples 1 and 2 below. Verify with your financial institution the correct routing number to use for ACH deposits. Your financial institution may use different routing numbers for checks, ACH deposits, and wire deposits.
- 4. Account Number: Enter your account number at your financial institution, which is printed on the bottom of your business checks, following the routing number. It may be the first series of digits after the routing number, followed by the check number (Example 1 below), or it may be the series of digits which follow the check number (Example 2 below). The check number is not included in the depositor account number. (Include a voided check or a letter from the financial institution as verification of the above information.)

Example 1 Example 2 Check No. 4444 XYZ Business Check No. 4444 XYZ Business Hometown, USA Hometown, USA Pay to the Order of Pay to the Order of 123456789 8765432109812 4444 123456789 4444 8765432109812 Routing Routing Account Check Check Account Number Number Number Number Number Number

Please verify your account name, bank routing number, and account number with your financial institution.

We require two (2) authorized official signatures. Include the official's title.

Improper Completion

The form will be <u>returned</u> if the agreement:

- (1) Does not contain two (2) authorized signatures;
- (2) Contains corrected errors (i.e., scratch-outs, white-out, type-over, etc.);
- (3) Is not properly completed; or
- (4) Has an invalid bank information or account number.

Please return the completed agreement to the address shown at the bottom of page one.

Cigarette Tax Taxation Division P.O. Box 811

Jefferson City, MO 65105-0811 Phone: (573) 751-5857 E-mail: excise@dor.mo.gov

County Stock Insurance Tax

Taxation Division P. O. Box 898

Contact Information

Jefferson City, MO 65105-0898 Phone: (573) 751-2326 E-mail: fit@dor.mo.gov

Financial Institution Tax Taxation Division P.O. Box 898

Jefferson City, MO 65105-0898 Phone: (573) 751-2326 E-mail: fit@dor.mo.gov

Gas Tax, Motor Vehicle Sales Tax, and Motor Vehicle Fee Increase

Taxation Division P.O. Box 300

Jefferson City, MO 65105-0300 Phone: (573) 751-5158 E-mail: excise@dor.mo.gov

Local Riverboat Gaming Revenue

Taxation Division P.O. Box 453

Jefferson City, MO 65105-0453 Phone: (573) 751-5900

E-mail: countyfees@dor.mo.gov

Local Sales and Option Use Tax

Taxation Division P.O. Box 3380

Jefferson City, MO 65105-3380 Phone: (573) 751-4876 E-mail: localgov@dor.mo.gov

Private Car Tax Taxation Division P.O. Box 453

Jefferson City, MO 65105-0453 Phone: (573) 751-5900

E-mail: countyfees@dor.mo.gov

Statutory County Recorders Tax

Taxation Division P.O. Box 453

Jefferson City, MO 65105-0453 Phone: (573) 751-5900

E-mail: countyfees@dor.mo.gov

