



MISSOURI DEPARTMENT OF REVENUE
 TAXATION DIVISION
**GAS TAX, MOTOR VEHICLE SALES TAX AND MOTOR
 VEHICLE FEE INCREASE ACH TRANSFER AGREEMENT**

FORM
5130
 (REV. 03-2009)

Department of Revenue City/County Tax Code (DOR USE ONLY):

TYPE OF AGREEMENT (CHECK ONE):
 NEW CHANGE CANCEL

CITY/COUNTY NAME

CITY/COUNTY ADDRESS

Please complete this form and return to the Missouri Department of Revenue, Administration Division, Investment and Cash Management Section, P.O. Box 87, Jefferson City, Missouri 65105-0087. Please call (573) 522-5628 with any questions concerning this form.

The agreement must be received by the Department on or before the fifteenth (15th) day of the month prior to the date the agreement becomes effective, to allow sufficient time for processing.

We acknowledge that the Department 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 ACH of the above-mentioned tax:

1. RECEIVING BANK NAME

RECEIVING BANK ADDRESS

2. RECEIVING BANK ROUTING NUMBER (ABA)

3. CITY/COUNTY ACCOUNT NAME (AT THE BANK)

4. CITY/COUNTY ACCOUNT NUMBER (AT THE BANK)

ATTACH A VOIDED DEPOSIT TICKET OR VOIDED CHECK AS VERIFICATION OF THE ABOVE INFORMATION.
Two (2) city/county official authorized signatures are required, one of which must be the city/county clerk, treasurer, collector or finance director.

Under penalties of perjury, we, as authorized representatives of the political jurisdiction for the tax described above, declare that the above information is, to the best of our knowledge and belief, true, correct and complete. **(Affix the corporate seal of the city/county.)**

LOCAL OFFICIAL SIGNATURE	TITLE	LOCAL OFFICIAL SIGNATURE	TITLE
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LOCAL OFFICIAL NAME (TYPE OR PRINT)	LOCAL OFFICIAL NAME (TYPE OR PRINT)
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TELEPHONE NUMBER	FAX NUMBER
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DO NOT WRITE IN THIS AREA. DEPARTMENT OF REVENUE USE ONLY.

SIGNATURE	TITLE	DATE
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