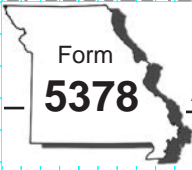


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Missouri Department of Revenue
Agreement to Receive Refund by ACH Transfer

Missouri Tax I.D. Number [Yellow boxes]

Federal Employer I.D. Number [Yellow boxes]

Please complete this form and return using one of the methods listed below. Select one box for the appropriate tax type.

- Sales and Use Tax, Motor Fuel Tax, Cigarette Tax and Other, Financial Institutions and Insurance Taxes, Withholding Tax, Corporate Tax, Business Tax Registration Bond. Each item includes contact information for the Missouri Department of Revenue.

Company

Form for Company information including: Type of Agreement (New, Change, Cancel), Name, Address, City, State, ZIP Code.

Financial Institution

Acknowledgment text: 'We acknowledge that the Department of Revenue reserves the right to refund by check or other means...' followed by a form for Financial Institution information including Name, Address, City, State, ZIP Code, Company Account Name, ABA Routing Number, Account Number, and account type (Checking/Savings).

Include a voided check or letter from the financial institution as verification of the above information.



00000000011111111112222222222333333333344444444455555555556666666666777777777888888888  
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345

Two (2) company official authorized signatures are required. If your banking information changes following the submission of this form, you must submit an updated Form 5378 to ensure your payment is deposited in the appropriate account.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
Company Official Signature		Company Official Printed Name
Title	E-mail Address	
Telephone Number (____) _____ - _____	Fax Number (____) _____ - _____	Date Signed (MM/DD/YYYY) ____/____/____
Company Official Signature		Company Official Printed Name
Title	E-mail Address	
Telephone Number (____) _____ - _____	Fax Number (____) _____ - _____	Date Signed (MM/DD/YYYY) ____/____/____

Signature

Signature	Title	Date (MM/DD/YYYY) ____/____/____
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Department Use Only



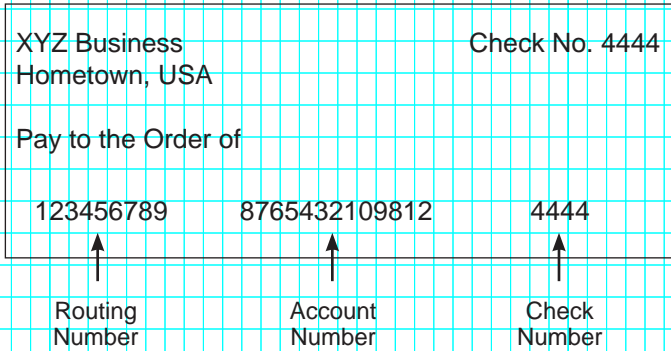
# ACH Transfer Agreement Instructions

To provide more security, the Department of Revenue will send large dollar refunds via ACH (Automated Clearing House) transfer.

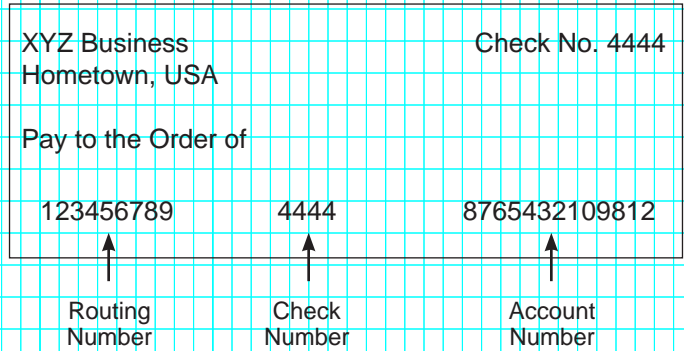
## Financial Institution Information

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



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

## Signature

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

## Improper Completion

The form will be returned 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 account number or bank information.

Please return the completed agreement to the Missouri Department of Revenue, Taxation Division, at the address, fax number, or e-mail address shown on the form.

