



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

FORM
5130
 (REV. 3-2007)

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, Fiscal Services 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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ACH TRANSFER AGREEMENT INSTRUCTIONS

To provide better service and less expense to the cities and counties, the Department of Revenue will send the motor vehicle sales tax, motor vehicle fee increase and gas tax distribution monies via ACH (Automated Clearing House) transfer.

In the event your bank is a nonparticipating bank (cannot accept the ACH transfer), please provide the Department of Revenue with a letter from the nonparticipating bank indicating such. Only in this event will the department send the monthly distribution by check.

Please contact your bank when completing a new or revised ACH transfer agreement. This will ensure that the information is accurate and allow them to prepare to receive the ACH transfer.

- Item #1:** Receiving Bank Name and Address: Enter **your** bank's name and address.
- Item #2:** Receiving Bank Routing Number (ABA): This information may be obtained from your bank.
- Item #3:** City/County Account Name and Address (AT THE BANK): Enter **your** account name at the bank such as "General Fund", etc.
- Item #4:** City/County Bank Account Number (AT THE BANK): Enter **your** account number at **your** bank. **(Include a voided deposit ticket or a voided check as verification of the above information.)**

ABA Routing Number — Your financial institution's routing number is printed on the bottom left hand portion of your business checks or deposit tickets. See Examples 1 and 2 below.

Account Number — Your account number 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), or it may be the series of digits which follow the check number (Example 2). The check number is not included in the depositor account number.

Example 1

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

Example 2

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

Please verify your depositor account number and routing number with your financial institution.

We require two (2) city/county local official authorized signatures, **one** of which must be city/county clerk, treasurer, collector, or finance director. Be sure to add the official's title. **Affix the corporate seal of the city/county to the agreement.**

The form will be returned if the agreement:

- (1) Does not contain two (2) authorized signatures;
- (2) Is represented by a copy;
- (3) Is represented by a fax;
- (4) One of the authorized signatures is not of the city/county clerk, treasurer, collector, or finance director;
- (5) Contains corrected errors (i.e., scratch-outs, white-out, type-over, etc.);
- (6) Not properly completed;
- (7) Invalid bank information and/or account number.

Please return the completed agreement to the **Missouri Department of Revenue, Fiscal Services Division, Investment and Cash Management Section, Post Office Box 87, Jefferson City, Missouri 65105-0087**. Please call (573) 522-5628 with any questions concerning this form.

The department must receive the new or revised completed agreement on or before the fifteenth (15th) day of the month prior to the effective date. This will allow sufficient time for processing of the agreement.

Contact the Taxation Bureau, Excise Tax Section, P.O. Box 300, Jefferson City, Missouri 65105-0300 or call (573) 751-5158, for inquiries and/or additional forms.