



MISSOURI DEPARTMENT OF
REVENUE

Agreement to Receive Refund by ACH Transfer

Missouri Tax I.D. Number

Federal Employer I.D. Number

Primary Taxpayer Social Security Number

Secondary Taxpayer Social Security Number

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

<input type="checkbox"/> Sales and Use Tax Taxation Division P.O. Box 3350 Jefferson City, MO 65105-3350 Phone: (573) 526-9938 Fax: (573) 751-9409 E-mail: salesrefund@dor.mo.gov	<input type="checkbox"/> Motor Fuel Tax Taxation Division P.O. Box 300 Jefferson City, MO 65105-0300 Phone: (573) 751-2611 Fax: (573) 522-1720 E-mail: excise@dor.mo.gov	<input type="checkbox"/> Cigarette Tax and Other Tobacco Products Tax Taxation Division P.O. Box 811 Jefferson City, MO 65105-0811 Phone: (573) 751-7163 Fax: (573) 522-1720 E-mail: dor.tobacco@dor.mo.gov	<input type="checkbox"/> Financial Institutions and Insurance Taxes Taxation Division P.O. Box 898 Jefferson City, MO 65105-0898 Phone: (573) 751-2326 Fax: (573) 522-1721 E-mail: fit@dor.mo.gov
<input type="checkbox"/> Withholding Tax Taxation Division P.O. Box 3375 Jefferson City, MO 65105-3375 Phone: (573) 751-8750 Fax: (573) 522-6816 E-mail: withholding@dor.mo.gov	<input type="checkbox"/> Corporate Tax Taxation Division P.O. Box 3365 Jefferson City, MO 65105-3365 Phone: (573) 751-4541 Fax: (573) 522-1721 E-mail: corporate@dor.mo.gov	<input type="checkbox"/> Business Tax Registration Bond Taxation Division P.O. Box 357 Jefferson City, MO 65105-0357 Phone: (573) 751-5860 Fax: (573) 522-1722 E-mail: businesstaxregister@dor.mo.gov	<input type="checkbox"/> Individual or Partnership Tax Taxation Division P.O. Box 2200 Jefferson City, MO 65105-2200 Phone: (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov
<input type="checkbox"/> Pass-Through Entity Tax Taxation Division P.O. Box 3080 Jefferson City, MO 65105-3080 Phone: (573) 751-5860 Fax: (573) 522-1721 E-mail: corporate@dor.mo.gov	<input type="checkbox"/> Fiduciary Tax Taxation Division P.O. Box 3815 Jefferson City, MO 65105-3815 Phone: (573) 751-1467 Fax: (573) 522-1762 Email: dor.fiduciary@dor.mo.gov		

Company or Individual (Payee) Information

Type of Agreement (Select One) <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Tax Period		
Name			
Address	City	State	ZIP Code



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Financial Institution (Banking) Information

We acknowledge that the Department of Revenue reserves the right to refund by check or other means as it deems necessary. The undersigned designate the following as the account to which the Department should credit ACH the refund. See instructions on Page 3.

1. Financial Institution Name			
Address	City	State	ZIP Code
2. Company Account Name			
3. ABA Routing Number	4. Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

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

Signature

Two (2) company official authorized signatures are required or the primary and secondary taxpayer, if applicable. 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/Primary Taxpayer Signature	Company Official/Primary Taxpayer Printed Name	
Title	E-mail Address	
Telephone Number (____) ____ - ____	Fax Number (____) ____ - ____	Date Signed (MM/DD/YYYY) ____ / ____ / ____

Company Official/Secondary Taxpayer Signature	Company Official/Secondary Taxpayer Printed Name	
Title	E-mail Address	
Telephone Number (____) ____ - ____	Fax Number (____) ____ - ____	Date Signed (MM/DD/YYYY) ____ / ____ / ____

Department Use Only

Signature	Title	Date (MM/DD/YYYY) ____ / ____ / ____
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Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

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 (Banking) 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

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

Example 2

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

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, when applicable;
- (2) Contains corrected errors (i.e., scratch-outs, white-out, type-over, etc.);
- (3) Is not properly completed;
- (4) Has an invalid account number or bank information; or
- (5) Copy of voided check is not included.

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.



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Form 5378 (Revised 02-2023)