Form **5507**

Missouri Department of Revenue
ACH Transfer Agreement for Local Political Subdivisions

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

See page two for instructions

Type of Agreement (Select One): ☐ New ☐ Change ☐ Cancel

Tax Type

Select One:

☐ Cigarette Tax
☐ County Stock Insurance Tax
☐ Financial Institution Tax
☐ Gas Tax, Motor Vehicle Sales Tax, and Motor Vehicle Fee Increase
☐ Local Option Use Tax (City and County)
☐ Local Option Use Tax (District)
☐ Local Riverboat Gaming Revenue
☐ Local Sales Tax (City and County)
☐ Local Sales Tax (District)
☐ Local Sales Tax (TDD)
☐ Private Car Tax
☐ Statutory County Recorders Tax
☐ Other_____

Applicant

Organization's Name | Contact Person | Title

Address | City | State | ZIP

Telephone Number (_ _ _) _ _ _ - _ _ _ _ | E-mail Address

Financial Institution

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 | Telephone Number (_ _ _) _ _ _ - _ _ _ _

Address | City | State | ZIP

Account Name | ABA Routing Number | Account Number

Type of Account: ☐ Checking ☐ Savings

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

If your banking information changes following the submission of this form, you must submit an updated Form 5507 to ensure your payment is deposited in the appropriate account.

Signature

Two city, county, or district official authorized signatures are required. One signature must be the city, county, district clerk, treasurer, collector, finance director, or board member acting in such capacity. If a board member signs, he or she is declaring that he or she is serving as an authorized finance officer for the board. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Authorized Signature | Printed Name

Title | Date Signed (MM/DD/YYYY) _ _/_ _/_ _ _ _

Authorized Signature | Printed Name

Title | Date Signed (MM/DD/YYYY) _ _/_ _/_ _ _ _

Department Use Only

Code | Signature

Title | Date Signed (MM/DD/YYYY) _ _/_ _/_ _ _ _ | Effective Date (MM/DD/YYYY) _ _/_ _/_ _ _ _

Mail to: Administration Division
Investment and Cash Management Office
P.O. Box 87
Jefferson City, MO 65105-0087

Phone: (573) 751-7429
TTY: (800) 735-2966

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Instructions

To provide more security, the Department of Revenue sends distributions 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

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

Signature

We require two (2) authorized 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 bank information or account number.

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

Contact Information

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
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

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