



Authorization Agreement for ACH Credit Tax Payments

Mail Application to the following:
Louisiana Department of Revenue
Central Registration
P.O.Box 1469
Baton Rouge, LA 70821
Email: CentralReg@LA.GOV
Fax: (225) 219-0806

☐ New Application

☐ Change Document

Effective Date (mm/dd/yyyy)

PLEASE PRINT OR TYPE.

| | | | |
|---|--|---|-----|
| Taxpayer Name | | Revenue Account Number | |
| Tax Type – Enter the tax type name. A separate authorization is required for each tax. | | Federal Identification Number (if applicable) | |
| Contact Person | | Telephone | |
| Contact Person | | Telephone | |
| Mailing Address for EFT purposes (street address, box number) | | | |
| City | | State | ZIP |

☐ **ACH Credit**

Before choosing the ACH Credit option, check with your financial institution to ensure that they can comply with the ACH Credit addenda record requirements as outlined in the Electronic Funds Transfer Guidelines (R-20201) available at www.revenue.louisiana.gov/publications.



For office use only

Effective tax period

Initials

9805