LOUISIANA DEPARTMENT of REVENUE

Installment Request for Individual Income Bank Debit Application

Mail to:
Louisiana Department of Revenue
Collection Division
P.O. Box 66658
Baton Rouge, LA 70896-6658

Name	Social Security Number	Daytime Telephone Number
Spouse Name	Social Security Number	
Name of your Financial Institution		
Bank Routing Number	Bank Account Number	
Bank Account Name	☐ Checking ☐ Savings	

Start Date *(mm/dd/yyyyy)*	Debit Date *(mm/dd/yyyyy)*	Debit Amount

NOTE: PLEASE ATTACH A VOIDED CHECK.

Signature and Verification

Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I agree to participate in this Automatic Bank Draft Program.

I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Your Signature	Date *(mm/dd/yyyy)*
Spouse's Signature	Date *(mm/dd/yyyy)*