



ARKANSAS ESTIMATED TAX PAYMENT BANK AUTHORIZATION FOR DIRECT DEBIT

Complete if you are making your estimated tax payment and you want to authorize a transfer of funds from your account.

I authorize the Arkansas Department of Revenue to initiate debit entries to my account as indicated above. This authority will remain in effect until the department has received faxed (501-682-7393) notification of its termination at least 30 days prior to the requested payment date.

Primary's Legal Name or Name of Entity		Primary's Social Security Number / FEIN	
Spouse's Legal Name (if filing joint)		Spouse's Social Security Number (if filing joint)	
Street Address			
City	State	Zip Code	

Routing number: _____

Checking:

Savings:

Account number: _____

Voucher 1

Due: 4-15-2025

Amount you want debited for this 2025 estimated tax payment: _____

Requested Payment Date: _____

Voucher 2

Due: 6-15-2025

Amount you want debited for this 2025 estimated tax payment: _____

Requested Payment Date: _____

Voucher 3

Due: 9-15-2025

Amount you want debited for this 2025 estimated tax payment: _____

Requested Payment Date: _____

Voucher 4

Due: 1-15-2026

Amount you want debited for this 2025 estimated tax payment: _____

Requested Payment Date: _____