



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.

Form with fields for Primary's Legal Name, Spouse's Legal Name, Street Address, City, State, Zip Code, and Social Security Numbers.

Routing number: _____ Checking: [] Savings: []

Account number: _____

Voucher 1 Due: 4-15-2019

Amount you want debited for this 2019 estimated tax payment: _____

Requested Payment Date: _____

Voucher 2 Due: 6-15-2019

Amount you want debited for this 2019 estimated tax payment: _____

Requested Payment Date: _____

Voucher 3 Due: 9-15-2019

Amount you want debited for this 2019 estimated tax payment: _____

Requested Payment Date: _____

Voucher 4 Due: 1-15-2020

Amount you want debited for this 2019 estimated tax payment: _____

Requested Payment Date: _____