AR EXT PMT 2017

ARKANSAS EXTENSION PAYMENT
BANK AUTHORIZATION FOR DIRECT DEBIT

Complete if you are electronically filing your state tax return, and you want to authorize a transfer of funds from your account to pay the expected tax due.

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 name or name of entity		Social Security Number / FEIN
Spouse's Name *(if filing joint)*		Spouse's Social Security Number *(if filing joint)*
Street Address		
City	State	Zip Code

Amount of tax due:_____ **Amount you want debited:**_____

Routing number:_____ **Checking:** ☐ **Savings:** ☐

Account number:_____

Requested payment date: _____

If the return is transmitted on or before April 15th, the requested payment date cannot be later than April 15th. If the return is transmitted after April 15th, the requested payment date must be today's date. Penalties and interest may be added if the return is filed after April 15, 2018.