



DELAWARE FORM

DIVISION OF REVENUE ACH-WHC



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT TAXPAYER INITIATED PAYMENT THROUGH TAXPAYER BANK WITHHOLDING, CORPORATE TENTATIVE, & S-CORPORATION ESTIMATED

A TAXPAYER INFORMATION

BUSINESS NAME		TAXPAYER ID		PHONE NUMBER	
ADDRESS		CONTACT PERSON			
CITY					
STATE	ZIP				

☒ **SELECT ONE OPTION**

☐ ESTABLISH NEW ACH ARRANGEMENT

☐ MODIFY EXISTING ACH ARRANGEMENT

B ENTITY INFORMATION

☒ **SELECT ONE OPTION**

OWNERSHIP TYPE	
☐ SOLE PROPRIETORSHIP	☐ BANK
☐ LLC- NON-ELECT INDIVIDUAL	☐ INSURANCE COMPANY
☐ PARTNERSHIP	☐ LIMITED LIABILITY PARTNERSHIP
☐ CORPORATION	☐ LLC - PARTNERSHIP
☐ SUB-CHAPTER S CORPORATION	☐ LLC - CORPORATION
☐ FEDERAL GOVERNMENT	☐ QSSS
☐ COOPERATIVE	☐ DELAWARE COUNTY GOVERNMENT
☐ HOLDING/INVESTMENT COMPANY	☐ DELAWARE MUNICIPAL GOVERNMENT
☐ NON-PROFIT CORPORATION	☐ OTHER STATE GOVERNMENT AGENCY
☐ EMPLOYER - DOMESTIC EMPLOYEE(S)	☐ FIDUCIARY (ESTATE OR TRUST)
☐ WITHHOLDING AGENT ONLY	

C LICENSE INFORMATION

☒ **SELECT ALL THAT APPLY**

TAX TYPES			
☐ WITHHOLDING TAX PAYMENTS	01106	☐ S CORPORATION ESTIMATED TAX PAYMENTS	14982
☐ CORPORATE TENTATIVE TAX PAYMENT	02101		

I hereby authorize the State of Delaware, Division of Revenue, to grant authority for the above named taxpayer to initiate Automated Clearing House transactions to the Division of Revenue's bank account. I understand these transactions must be in the NACHA CCD+ format, using the Tax Payment Convention and may only be initiated for the tax types that have been registered for Electronic Funds Transfer payments by the State of Delaware, Division of Revenue. I will initiate an ACH Pre-Note through my financial institution within (6) days prior to start-up of service.

AUTHORIZED SIGNATURE

DATE

EMAIL

PHONE NUMBER

Please email the completed authorization form to **DOR_BusinessTax@Delaware.gov**

Mail completed form to:
State of Delaware
Division of Revenue
PO Box 8754
Wilmington, DE 19899-8754
(302) 577 8231
Fax (302) 577 8203