

ARKANSAS INCOME TAX 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 tax owed as shown on your return. Do not complete if filing a paper return.

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 effective date.

Your 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 15, the requested payment date cannot be later than April 15. If the return is transmitted after April 15, the requested payment date must be today's date. Penalties may be added if the return is filed after April 15, 2017.