

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 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	

Routing number: _____ **Checking:** **Savings:**
Account number: _____

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.

Voucher 1 **Due: 4-15-2017**

Amount you want debited for this 2017 estimated tax payment: _____

Requested Payment Date: _____

Voucher 2 **Due: 6-15-2017**

Amount you want debited for this 2017 estimated tax payment: _____

Requested Payment Date: _____

Voucher 3 **Due: 9-15-2017**

Amount you want debited for this 2017 estimated tax payment: _____

Requested Payment Date: _____

Voucher 4 **Due: 1-15-2018**

Amount you want debited for this 2017 estimated tax payment: _____

Requested Payment Date: _____