

## 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 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.