



## 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 requested payment date.

Primary's Legal Name or Name of Entity		Primary's Social Security Number / FEIN	
Spouse's Legal Name (if filing joint)		Spouse's Social Security Number (if filing joint)	
Street Address			
City	State	Zip Code	

Routing number: \_\_\_\_\_

Checking:

Savings:

Account number: \_\_\_\_\_

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### Voucher 1

**Due: 4-15-2024**

Amount you want debited for this 2024 estimated tax payment: \_\_\_\_\_

Requested Payment Date: \_\_\_\_\_

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### Voucher 2

**Due: 6-15-2024**

Amount you want debited for this 2024 estimated tax payment: \_\_\_\_\_

Requested Payment Date: \_\_\_\_\_

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### Voucher 3

**Due: 9-15-2024**

Amount you want debited for this 2024 estimated tax payment: \_\_\_\_\_

Requested Payment Date: \_\_\_\_\_

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### Voucher 4

**Due: 1-15-2025**

Amount you want debited for this 2024 estimated tax payment: \_\_\_\_\_

Requested Payment Date: \_\_\_\_\_