

# LOUISIANA

DEPARTMENT of REVENUE

## Authorization Agreement for ACH Credit Tax Payments

**Mail Application to:**

Louisiana Department of Revenue  
Central Registration  
P.O.Box 3863  
Baton Rouge, LA 70821-3863  
Email: CentralReg@LA.GOV  
Fax: (225) 219-0806

**New Application** *(effective date):*
**Change Document** *(effective date):*

PLEASE PRINT OR TYPE.

Taxpayer Name		Revenue Account Number	
Tax Type – <i>Enter the tax type name.</i> <b>A separate authorization is required for each tax.</b>		Federal Identification Number <i>(if applicable)</i>	
Contact Person	Telephone	Contact Person	Telephone
Mailing address for EFT purposes (street address, box number)			
City		State	ZIP

 **ACH Credit**

Before choosing the ACH Credit option, check with your financial institution to ensure that they can comply with the ACH Credit addenda record requirements as outlined in the Electronic Funds Transfer Guidelines (R-20201) available at [www.revenue.louisiana.gov/publications](http://www.revenue.louisiana.gov/publications).


**For office use only.**

Effective tax period

Initials

9805