



## Installment Request for Business Taxes Bank Debit Application

**Mail to:**

Louisiana Department of Revenue  
Business Tax Enforcement Division  
P.O. Box 4969  
Baton Rouge, LA 70821-4969  
Phone: (855) 307-3893  
Email: [Business.Tax@LA.GOV](mailto:Business.Tax@LA.GOV)

**PLEASE PRINT OR TYPE**

Business Legal Name		
Business Trade Name		Daytime Telephone Number
LDR Revenue Account Number		Federal Employer Identification Number
Name of your Financial Institution		
Bank Routing Number		
Bank Account Number		
Bank Account Name		Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Start Date (mm/dd/yyyy)	Debit Date (mm/dd/yyyy)	Debit Amount

**Note: Please attach a voided check.**

### Signature and Verification

Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I agree to participate in this Automatic Bank Draft Program.

I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I also authorize LDR to adjust my debit amount to compensate for additional interest, penalties, and fees.

Officer/Owner Signature	Date (mm/dd/yyyy)
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