

Tobacco Products Electronic Funds Transfer (EFT) Debit Application

Issued under Public Act 122 of 1941, as amended. Filing is mandatory if you wish to pay by EFT Debit.

INSTRUCTIONS: Use this form to notify Treasury that you intend to pay your Tobacco Product Taxes by EFT Debit. You may begin filing your electronic payment after receiving approval and instructions for transmitting.

PART 1: BUSINESS INFORMATION									
Taxpayer Name (Type or print clearly)		Taxpayer Identification Number (FE, TR or ME Number)							
Address	City	State	ZIP Code						
Contact Person Name	Contact Person Telephone Number	Contact Person Fax Number							
E-mail Address									
If you are currently making payments for Motor Fuel, Single Business and/or Sales, Use and Withholding Taxes using the Michigan Automated Tax Payment IVR System, enter your 5 or 6 digit User ID Number:			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> </tr> </table>						
PART 2: SECURITY VERIFICATION									
An answer to the security question below is required to complete the processing of your application. Retain a copy of your answer. A correct response is required when contacting our authorized contractor or completing certain updates to your account. You may change the security question and/or response after successfully accessing your account.									
What school did you attend for sixth grade?									
PART 3: AUTHORIZATION FOR EFT DEBITS									
In order to make Tobacco Products Tax payments using the EFT debit method, written permission to access your bank account to withdraw the authorized funds is required. Please supply your bank's name, ABA/routing number, and checking account number in the appropriate fields below. This information will only be used for purposes of accessing your bank account to withdraw the authorized funds.									
Bank Name	Bank Routing Number	Checking Account Number							
I authorize the State of Michigan and its authorized contractor to make variable withdrawals by electronic transfer from the designated financial institution and account. I understand that only the withdrawals I authorize will be made and that this process is protected by a password and a user code. I understand that I may cancel this authorization at any time by sending a written notice to the address noted below. I agree to comply with the National Automated Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic transactions authorized by this agreement in all respects except as otherwise superseded by federal law. If multiple signers are required to authorize a withdrawal of funds, all must sign this form.									
Signature	Title	Date							
Additional Signatures (if needed)									
PART 4: CORPORATE OFFICER CERTIFICATION									
Corporations, Partnerships, LLP's or LLC's must complete this section before this form can be processed. This officer, member or partner certification should be resubmitted when there is a change in the individual responsible for filing and/or paying Michigan Taxes.									
Please be aware of corporate officer liability as provided in Michigan Compiled Laws 205.27a(5): "If a corporation, limited liability company, limited liability partnership, partnership or limited partnership liable for taxes administered under this act fails for any reason to file the required returns or to pay the tax due, any of its officers, members, managers, or partners who the department determines, based on either an audit or an investigation, have control or supervision of, or responsibility for, making the returns or payments is personally liable for the failure."									
Signature of Authorized Representative Responsible for Reporting and/or Paying Michigan Taxes		Title							
Print or Type Name			Date						
TREASURY USE ONLY									
Tax Type: Tobacco Products	Tax Type Codes: Tobacco Products Tax (07300) Tobacco Products Proposed Adjustments (07311)								

Return this form to: Michigan Department of Treasury
PO Box 30474
Lansing MI 48909-7974
Fax: (517) 636-4631

If you have any questions, contact the Michigan Department of Treasury at (517) 636-4630.