



Louisville Metro Revenue Commission

Electronic Funds Transfer Agreement (ACH Credit)

Tax Year 2023

Form

ACH

Submission Questions	Reason for Submission:		
	<input type="checkbox"/> New ACH Credit Authorization	<input type="checkbox"/> Revision to current Authorization (i.e. account or bank changes)	<input type="checkbox"/> ACH Termination Request
General Information	Check applicable box:		
	<input type="checkbox"/> Taxpayer		<input type="checkbox"/> Payroll Service Provider
	Legal Name/Business Name		Federal ID Number
	Address (street and number)		Unit/Apt #
	City, town, or post office		State
			Zip Code
	EFT Contact Person		EFT Contact Email
	Phone #	Ext.	Fax #
			Revenue Commission Account ID
Financial Institution			
Agreement	<p>The Louisville Metro Revenue Commission is hereby requested to grant approval to the above named business to initiate Automated Clearing House credit transactions to the bank account of the Louisville Metro Revenue Commission. These payments must be in the National Automated Clearing House Association (NACHA) CCD+ format using the Tax Payment Convention (TXP). I understand that the above named business is responsible for paying the cost of initiating such transactions that may be charged by the business' financial institution. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. I, along with the Louisville Metro Revenue Commission, agree to abide by all applicable ACH operating rules in effect. A confirmation letter will be e-mailed to the designated EFT Contact Person detailing the Louisville Metro Revenue Commission's routing number and designated bank account number. Any transmission errors are the responsibility of the taxpayer and their bank.</p> <p>This agreement is to remain in full force and effect until the Louisville Metro Revenue Commission has received written notification from me of its termination so as to afford the interested parties a reasonable time to act on it.</p>		
	Signature	Authorized Signature	Date
Print Name		Title	

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