



Louisville Metro Revenue Commission

Electronic Funds Transfer Agreement (ACH Credit)

ACH_2018_V1.1D

Form

ACH

Submission Questions

Reason for Submission:

- New ACH Credit Authorization Revision to current Authorization (i.e. account or bank changes) ACH Termination Request

Check applicable box:

- Taxpayer Payroll Service Provider

General Information

Legal name/ Business name		Federal ID Number	
Address (street and number)			Unit/Apt no.
City, town, or post office		State	Zip Code
EFT Contact Person		EFT Contact Email	
Phone no.	Ext.	Fax no.	Revenue Commission Account ID
Financial Institution			

Agreement

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.

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.

Signature

Authorized Signature	Title
Print Name	Date