



GEORGIA EFT
ACH-CREDIT
Taxpayer Registration/Authorization
Form

1. Taxpayer Name: Client ID (If 3rd party vendor)

2. Address:

City: State: ZIP:

3. Tax Account Number (Required): FEIN

4. Type of Tax Payment (Check one per Request):

- [] WH [] Non-Res WH [] ST [] Corp [] 911 Wireless [] Fireworks Excise [] State Hotel-Motel Fee
[] Public Service Commission [] Railroad Equipment

5. Taxpayer's Contact Person: Title:

Phone: 954-874-4800 Ext:

e-Mail(required): Sue.Larocca-tax@benefitmall.com

6. 3rd Party Contact For GA Returns & Payments: Compupay, Inc., dba BenefitMall

Phone: Ext:

e-Mail(required):

7. I/We declare, under penalties of perjury that I/we have examined this application and to the best of my/our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

Signature Title: Date:
(Taxpayer)

Signature Title: Date:
(3rd Party Vendor)

Please scan and return by e-Mail to DOR.ElectronicFundsTransfer@dor.ga.gov



1. Client ID: If you are a 3rd party vendor submitting this form, please PRINT YOUR CLIENT'S ID NUMBER.

2. Address: The address to which all correspondence regarding EFT should be mailed.

3. Tax Account Numbers: Tax Account Number for tax type in part 4 (if applicable)
FEIN: Federal Employer Identification Number.

4. Type of Tax Payment: The tax type being paid such as Sales and Use, Withholding, Non - Res WH, Corporate, Prepaid 911 Wireless, Fireworks Excise, State Hotel-Motel Fee, Public Service Commission, and Railroad Equipment.

5. Taxpayer's Contact Person: If taxpayer initiated, name, title, phone number, and e - Mail address of the primary person who should be contacted in the event of a problem/error with an electronic funds transfer and to whom all correspondence regarding EFT payments should be mailed.

6. 3rd Party Payroll Provider Contact Person: If 3rd party payroll provider initiated, name, title, phone number, and e - Mail address of primary person who should be contacted in the event of a problem/error with an electronic funds transfer and to whom all correspondence regarding EFT payment should be mailed.

7. Signature: Signature should be provided as appropriate (Taxpayer initiated and/or Agent for a 3rd party service provider).