



Agreement to Receive Refund by ACH Transfer

Missouri Tax I.D. Number

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Federal Employer I.D. Number

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Primary Taxpayer Social Security Number

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Secondary Taxpayer Social Security Number

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Please complete this form and return using one of the methods listed below. Select one box for the appropriate tax type.

Sales and Use Tax  
Taxation Division  
P.O. Box 3350  
Jefferson City, MO 65105-3350  
Phone: (573) 526-9938  
Fax: (573) 751-9409  
E-mail: [salesrefund@dor.mo.gov](mailto:salesrefund@dor.mo.gov)

Motor Fuel Tax  
Taxation Division  
P.O. Box 300  
Jefferson City, MO 65105-0300  
Phone: (573) 751-2611  
Fax: (573) 522-1720  
E-mail: [excise@dor.mo.gov](mailto:excise@dor.mo.gov)

Cigarette Tax and Other Tobacco Products Tax  
Taxation Division  
P.O. Box 811  
Jefferson City, MO 65105-0811  
Phone: (573) 751-7163  
Fax: (573) 522-1720  
E-mail: [dor.tobacco@dor.mo.gov](mailto:dor.tobacco@dor.mo.gov)

Financial Institutions and Insurance Taxes  
Taxation Division  
P.O. Box 898  
Jefferson City, MO 65105-0898  
Phone: (573) 751-2326  
Fax: (573) 522-1721  
E-mail: [fit@dor.mo.gov](mailto:fit@dor.mo.gov)

Withholding Tax  
Taxation Division  
P.O. Box 3375  
Jefferson City, MO 65105-3375  
Phone: (573) 751-8750  
Fax: (573) 522-6816  
E-mail: [withholding@dor.mo.gov](mailto:withholding@dor.mo.gov)

Corporate Tax  
Taxation Division  
P.O. Box 3365  
Jefferson City, MO 65105-3365  
Phone: (573) 751-4541  
Fax: (573) 522-1721  
E-mail: [corporate@dor.mo.gov](mailto:corporate@dor.mo.gov)

Business Tax Registration Bond  
Taxation Division  
P.O. Box 357  
Jefferson City, MO 65105-0357  
Phone: (573) 751-5860  
Fax: (573) 522-1722  
E-mail: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

Individual or Partnership Tax  
Taxation Division  
P.O. Box 2200  
Jefferson City, MO 65105-2200  
Phone: (573) 751-3505  
Fax: (573) 522-1762  
E-mail: [income@dor.mo.gov](mailto:income@dor.mo.gov)

Pass-Through Entity Tax  
Taxation Division  
P.O. Box 3080  
Jefferson City, MO 65105-3080  
Phone: (573) 751-5860  
Fax: (573) 522-1721  
E-mail: [corporate@dor.mo.gov](mailto:corporate@dor.mo.gov)

Fiduciary Tax  
Taxation Division  
P.O. Box 3815  
Jefferson City, MO 65105-3815  
Phone: (573) 751-1467  
Fax: (573) 522-1762  
Email: [dor.fiduciary@dor.mo.gov](mailto:dor.fiduciary@dor.mo.gov)

Company or Individual (Payee) Information

Type of Agreement (Select One) <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel		Tax Period	
Name			
Address	City	State	ZIP Code



### Financial Institution (Banking) Information

We acknowledge that the Department of Revenue reserves the right to refund by check or other means as it deems necessary. The undersigned designate the following as the account to which the Department should credit ACH the refund. See instructions on Page 3.

1. Financial Institution Name			
Address	City	State	ZIP Code
2. Company Account Name			
3. ABA Routing Number	4. Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

**Include a voided check or letter from the financial institution as verification of the above information.**

### Signature

Two (2) company official authorized signatures are required or the primary and secondary taxpayer, if applicable. If your banking information changes following the submission of this form, you must submit an updated Form 5378 to ensure your payment is deposited in the appropriate account.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Company Official/Primary Taxpayer Signature		Company Official/Primary Taxpayer Printed Name	
Title	E-mail Address		
Telephone Number (____) ____ - ____	Fax Number (____) ____ - ____	Date Signed (MM/DD/YYYY) __/__/____	

Company Official/Secondary Taxpayer Signature		Company Official/Secondary Taxpayer Printed Name	
Title	E-mail Address		
Telephone Number (____) ____ - ____	Fax Number (____) ____ - ____	Date Signed (MM/DD/YYYY) __/__/____	

### Department Use Only

Signature	Title	Date (MM/DD/YYYY) __/__/____
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**Ever served on active duty in the United States Armed Forces?**

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).

# ACH Transfer Agreement Instructions

To provide more security, the Department of Revenue will send large dollar refunds via ACH (Automated Clearing House) transfer.

## Financial Institution (Banking) Information

1. Financial Institution Name and Address: Enter your financial institution's name and address.
2. Account Name: Enter your account name at the financial institution.
3. ABA Routing Number: Enter your routing number which is printed on the bottom left hand portion of your business checks. See Examples 1 and 2 below. Verify with your financial institution the correct routing number to use for ACH deposits. Your financial institution may use different routing numbers for checks, ACH deposits, and wire deposits.
4. Account Number: Enter your account number at your financial institution, which is printed on the bottom of your business checks, following the routing number. It may be the first series of digits after the routing number, followed by the check number (Example 1 below), or it may be the series of digits which follow the check number (Example 2 below). The check number is not included in the depositor account number. (Include a voided check or a letter from the financial institution as verification of the above information.)

Example 1

XYZ Business		Check No. 4444
Hometown, USA		
Pay to the Order of		
123456789	8765432109812	4444
↑	↑	↑
Routing Number	Account Number	Check Number

Example 2

XYZ Business		Check No. 4444
Hometown, USA		
Pay to the Order of		
123456789	4444	8765432109812
↑	↑	↑
Routing Number	Check Number	Account Number

Please verify your company account name, ABA routing number, and account number with your financial institution.

## Signature

We require two (2) authorized company official signatures. Include the official's title.

## Improper Completion

The form will be returned if the agreement:

- (1) Does not contain two (2) authorized signatures, when applicable;
- (2) Contains corrected errors (i.e., scratch-outs, white-out, type-over, etc.);
- (3) Is not properly completed;
- (4) Has an invalid account number or bank information; or
- (5) Copy of voided check is not included.

Please return the completed agreement to the Missouri Department of Revenue, Taxation Division, at the address, fax number, or e-mail address shown on the form.

