



MISSOURI DEPARTMENT OF REVENUE

ACH Transfer Agreement for Local Political Subdivisions

Department Use Only (MM/DD/YY)

Three sets of empty boxes for Department Use Only date.

Missouri Tax I.D. Number

Empty boxes for Missouri Tax I.D. Number.

Federal Employer I.D. Number

Empty boxes for Federal Employer I.D. Number.

See page two for instructions

Type of Agreement (Select One): New Change Cancel

Tax Type section with various tax options like Cigarette Tax, Gas Tax, Local Sales Tax, etc.

Applicant section with fields for Organization's Name, Address, Telephone, and E-mail.

Financial Institution section with acknowledgment text and fields for Name, Address, Account Name, and Type of Account.

Signature section with two sets of fields for Authorized Signature, Printed Name, Title, and Date Signed.

Department Use Only section with fields for Code, Signature, Title, Date Signed, and Effective Date.

Mail to: Administration Division, Investment and Cash Management Office, P.O. Box 87, Jefferson City, MO 65105-0087

Phone: (573) 751-4565, TTY: (800) 735-2966



