

INCOME TAX DEPARTMENT

P.O. BOX 9940 • 424 MARKET N., CANTON, OHIO 44711 • PHONE (330) 430-7900

ACH Credit Electronic Filing Program

ACH Credit Authorization Form for Electronic Funds Transfer

Taxpayer Information

Taxpayer Account Name : _____
City of Canton Account Number : _____
Social Security or Federal Identification Number : _____
Name of Financial Institution : _____

Contact Information

Primary Contact : _____	Title : _____	
Address : _____	Phone: () _____	
City : _____	State : _____	Zip Code : _____

Authorization Statement

I hereby authorize the contact person listed on this form and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic payment of withholding taxes, answer inquires, and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the City of Canton Income Tax Department has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

_____ Taxpayer Signature	_____ Date
_____ Printed Name	_____ Title

Mail Completed Form to :

**City of Canton Income Tax Department
ACH Credit Electronic Filing
424 Market Ave N.
Canton, Ohio 44702**

File Layout Specifications will be sent to you once your registration has been accepted.