

State of Idaho
DEPARTMENT OF INSURANCE

C.L. "BUTCH" OTTER
Governor

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

DEAN L. CAMERON
Director

EFT Enrollment Form – *Please print or type.*

Please retain a copy of this form for your records. Return the completed form to the Idaho Department of Insurance. Attn: Melissa Sargent-Smith – Premium Tax Section

NEW ENROLLMENT **OR** MODIFY ORIGINAL ENROLLMENT

EFT Tax Payment Type: Department of Insurance	(Tax Type 07170)
---	------------------

Indicate which method you will use in sending your payment.

Automated Clearing House (ACH) Credit Wire Transfer

Federal Tax ID No. (9): _____

Company Name (25): _____

Contact (25): _____

Address (25): _____

City (15): _____ State (2): _____

Zip: _____ - _____ Telephone: (____) _____ - _____

Date: ____ - ____ - _____