



State of Idaho
Office of the State Treasurer

EFT Enrollment Form - Please print or type.

Please retain a copy of this form for your records. Return the completed form to the appropriate state agency.

NEW ENROLLMENT [] OR MODIFY ORIGINAL ENROLLMENT []

EFT Tax Payment Type available. Please check all that apply: Department of Insurance (Tax Type 07170) [], Industrial Commission (Tax Type 07171) [], Industrial Commission (Tax Type 07172) []

Indicate which method you will use in sending your payment.

Automated Clearing House (ACH) Debit [] Automated Clearing House (ACH) Credit []

Federal Tax ID No. (9): _____
Company Name (25): _____
Contact (25): _____
Address (25): _____
City (15): _____ State (2): _____
Zip: _____ Telephone: (____) _____

Financial Institution Information (Debit method only)

If you are using the ACH Debit System, please include a voided check or a letter from your financial institution in order to verify the American Bank Association Number and the Bank Account Number.

Transit (Routing) / ABA Number (9): _____

Account Number (up to 17 digits): _____

Checking [] Savings [] Other [] (Explain)

Authorization FOR DEBIT METHOD ONLY:

I (we) hereby authorize the financial institution indicated above to debit the above account, and transfer the debited amount to the Idaho State Treasurer's account.

Name Title Signature Date