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

WILLIAM W. DEAL
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: Kathy Miller – 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: __ __ - __ __ - __ __ __ __