

EFT PAYMENT PROGRAM ENROLLMENT FORM

For Akron and JEDD EFT Withholding Payments

Akron's Income Tax Ordinance mandates that all companies who are required to withhold City of Akron or JEDD Income Taxes from their employees' wages are required to file electronically.

To enroll in the EFT payment program, complete, sign and return this form to:
INCOME TAX DIVISION - EFT SECTION
1 CASCADE PLAZA - Suite 100
AKRON, OHIO 44308

Upon receiving your completed form, you will be mailed an Activation Notice along with instructions on how to begin filing electronically via EFT.

If you have any questions concerning this matter or the enrollment form, please contact our EFT Section at: (330) 375-2497 or by e-mail at onlinetax@akronohio.gov.

1. Company Information

Company Name:

Business Address (Line 1):

Business Address (Line 2):

City / State / Zip:

Federal ID #:

2. Contact Information

Contact Name:

Phone Number:

Fax Number:

Email Address:

3. Payment Information - Remittance Method (select ACH Debit or ACH Credit)

- ACH Debit** - check here if you plan to use the Telephone or Internet to direct the Income Tax Division to process your withholding payments electronically through your bank. **Note:** if you select the ACH Debit method, you must also create a PIN number for your profile. Your PIN number will act as the secure password to enter your payment information.

Pin Number:

Choose your "pin number", four to eight digits, made up of valid numbers...0 -9. (eg. 56714)

Once you have been enrolled to use the ACH Debit method, your choice to file via Telephone or Internet can vary from month to month. You are not required to use exclusively Telephone or exclusively Internet.

ACH Debit Authorization Agreement

By checking the box below this agreement, I hereby authorize the designated agents of the Akron Income Tax Division to initiate ACH Debit entries to the financial institution account indicated in Section 5, for payment of City of Akron (or JEDD) withheld income taxes, upon request by the Taxpayer or his/her representative, using the City Debit EFT Payment Program. I further authorize the financial institution name above to debit such entries to the financial institution account indicated in Section 5. All debits initiated by the designated agents of the Akron Income Tax Division shall be made according to the instructions received (via the internet or telephone) by the Taxpayer. This authorization shall remain in full force and effect until the designated agents of the Akron Income Tax Division have received written notification from me of the termination in such time and in such manner as to afford a reasonable opportunity to act on it.

- Click here to indicate that you agree to the terms of the ACH Debit Authorization Agreement.

- ACH Credit** - check here if you will direct your bank to forward the payment to the Income Tax Division.

IMPORTANT - You must check with your financial institution to determine if they are capable of providing this service.

4. Withholding Tax Account Numbers

NOTE - If you do not have a withholding account with the City of Akron - Income Tax Division, please call our EFT Section at (330) 375-2497 to have your account(s) set up. Separate withholding accounts will be established for Akron and each JEDD district that you are paying withholding tax to.

Your withholding account will be a 7 Digit number with the format 1-XXXXX-X (Akron) or 2-XXXXX-X (JEDD).

	Withholding Account	Threshold Amount
Akron:	<input type="text"/>	<input type="text"/>
Bath-Akron-Fairlawn JEDD:	<input type="text"/>	<input type="text"/>
Copley-Akron JEDD:	<input type="text"/>	<input type="text"/>
Coventry-Akron JEDD:	<input type="text"/>	<input type="text"/>
Springfield-Akron JEDD:	<input type="text"/>	<input type="text"/>

Threshold Amount (ACH Debit Method Only) - As a safeguard, we ask that you choose a "ceiling amount" that each payment cannot exceed. The threshold amount should be a number such as 150% of the highest single payment you anticipate making into the withholding account. Enter a threshold amount for each withholding account you have. This amount can only be increased by the signer of this enrollment form.

5. Financial Institution Information

Bank or Institution Name:	<input type="text"/>
Address:	<input type="text"/>
City / State / Zip:	<input type="text"/>
Checking Account #:	<input type="text"/>

Voided Check (ACH Debit Method Only) - If you are using the ACH Debit Method, please attach a voided check when mailing this form back to us. This is necessary in order to verify the routing information of your financial institution.

Multiple Checking Accounts: If you will be using two or more checking accounts to remit your withholding payments, please contact our EFT Section at (330) 375-2497.

6. Authorization Statement and Signature

I hereby authorize the contact person listed on this form and the financial institutions involved in the processing of my withholding Electronic Filing Transaction payments to receive confidential information necessary to effect enrollment in the Akron/JEDD EFT payment methods, and to answer inquiries and resolve issues related to enrollment and payments. This information includes, but is not limited to, pin numbers, payment instructions, taxpayer name and account numbers and payment transaction details. 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 shall remain in full force and effect until the designated agents of the Akron Income Tax Division have received written notification from me of the termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Taxpayer Signature

Date

Type Name and Title: