STATE OF RHODE ISLAND EMPLOYER TAX UNIT 1511 Pontiac Avenue Cranston, RI 02920-0942 (401) 574-8700 (Option 2)

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS

RI E	RI EMPLOYER REGISTRATION NUMBER					
TYPI	E OF TAX:	JOB DEVELOPMEN	ABILITY INSURANCE NT FUND			
FIRS	FIRST QUARTER THAT FUNDS WILL BE TRANSFERRED ELECTRONICALLY:					
		Sections A, B and C below	v and on back must be comple	eted by all taxpayers		
A.	COMPANY I	DATA				
	COMPANY N	JAME:				
	D/B/A/:					
	ADDRESS:					
				ZIP CODE:		
В.	CONTACT PERSON(S):					
	Primary EFT o	contact person:				
	NAME:		TITLE:			
	ADDRESS:					
	CITY:		STATE:	ZIP CODE:		
	TELEPHONE	NUMBER: ()	EXT:			
	Secondary EF	T contact person:				
	NAME:		TITLE:			
	ADDRESS:					
	CITY:		STATE:	ZIP CODE:		
	TELEPHONE	NUMBER: ()	EXT:			
			Signature of Own	er, Partner or Officer of Corpor	ation	

Date

If you are already remitting using the **ACH CREDIT** method with the Federal Government or for other state taxes, just return this form. If this is the first time that you will be using the **ACH CREDIT** method, you must have an **AUTHORIZED REPRESENTATIVE** of your bank complete and sign this section confirming that you and your bank are capable of initiating **ACH CREDITS** in the required CCD+ and TXP format.

CITY:	STATE	ZIP CODE:
	Printed N	Name of Bank Representativ Telephone Number
	Signature of Banl	κ Representative Date

Electronic Funds Transfer Program Rhode Island Division of Taxation Employer Tax Section 1511 Pontiac Avenue Cranston, RI 02920-0942