



To Miamisburg/Associated JEDD(s) Income Tax Withholders:

The City of Miamisburg is pleased to offer the ACH *Credit* Electronic Filing Program for remitting your employee withholding tax payments. We are working to provide you with more efficient electronic tax filing and reporting capabilities. Your participation in this new program will be greatly appreciated and we look forward to working with you.

BENEFITS TO YOU

- 1) The ACH Credit Program is available to you 24 hours a day/7 days a week.
- 2) Your payments are processed conveniently and accurately via electronic funds transfer.
- 3) After you have registered, no monthly or quarterly mailings are required.

REQUIREMENTS

To file using the ACH Credit Program, please **contact your bank** to ensure that they can process ACH credit transactions. If your bank does offer this service, ask for their ACH transmission schedule. This schedule will determine the timing of when your payment should be credited.

ENROLLMENT

To register for the ACH Credit Electronic Filing Program, all you need to do is complete and return the enclosed ACH Credit Authorization Form. Simply mail the form to us at:

**ACH CREDIT ELECTRONIC FILING PROGRAM
CITY OF MIAMISBURG INCOME TAX DEPARTMENT
10 N. FIRST ST
MIAMISBURG, OH 45342**

Once we receive your registration, we will send you the file layout specifications that you will need to use for preparation of your ACH Credit File transmissions.

**ACH CREDIT ELECTRONIC FILING PROGRAM
Authorization Form for Electronic Funds Transfer**



TAXPAYER INFORMATION

Taxpayer Account Name: _____

Tax Account Number: _____

SSN or FED TAX ID Number: _____

Name of Financial Institution You Will Be Using for ACH Transactions: _____

CONTACT INFORMATION

Primary Contact Program Person: _____

Address: _____

Phone Number: _____

AUTHORIZATION STATEMENT

I hereby authorize the contact person listed on this form and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic payment of withholding taxes, answer inquiries, and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the City of Miamisburg Income Tax Department has received written notification from me of termination in such time as to afford a reasonable opportunity to act upon it.

Taxpayer Signature

Date

Printed Name

Title

Mail the completed registration form to:

**ACH CREDIT ELECTRONIC FILING PROGRAM
CITY OF MIAMISBURG INCOME TAX DEPARTMENT
Collecting Agent for:
Miami Twp Dayton Mall JEDD
Austin Center JEDD
10 N. FIRST ST
MIAMISBURG, OH 45342**