

# AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

*Please Type or Print*

## PART I — Must be Completed by All EFT Participants

Taxpayer's Name	Hawaii Identification Number  _____
DBA Name	
Address (Number and Street)	
City or town, State, and ZIP code	Federal Employer Identification Number  _____
Contact Person	
Telephone Number	

**Tax Type (check types):**

- General Excise and Use     Withholding     Transient Accommodations     Rental Motor Vehicle and Tour Vehicle Surcharge

**Indicate which tax you are required by law to pay electronically:**

- General Excise and Use     Withholding     Transient Accommodations     Rental Motor Vehicle and Tour Vehicle Surcharge

## Part II — Must be Completed for Participants Using the ACH Debit Method

### Bank Information for ACH Debit

Account Name	Account Number  _____
Bank Name	(Not to exceed 17 digits)
Branch Name	Transfer/Routing Number  _____
	(Requires 9 digits)

**Reminder: Attach voided check**

The Hawaii Department of Taxation is hereby authorized to present debit entries which I or my authorized agent originates to the bank account identified above and the bank is authorized to debit such account for the tax(es) identified above. The authority is to remain in full force until EFT payments are no longer required by statute or if I am a voluntary participant, until the Hawaii Department of Taxation and I mutually agree to terminate my participation in the EFT program.

\_\_\_\_\_  
Signature of Owner, Partner or Member, Fiduciary, or Officer

\_\_\_\_\_  
Title: Owner, Partner or Member, Fiduciary, or Officer

\_\_\_\_\_  
Date

## Part III — Request for Approval to Use ACH Credit Method

The Hawaii Department of Taxation is hereby requested to grant approval for the above named taxpayer to initiate ACH Credit transactions to the State of Hawaii's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP). The authority is to remain in effect until EFT payments are no longer required by statute, until I am notified in writing that the Hawaii Department of Taxation has withdrawn its approval, or if I am a voluntary participant, until the Hawaii Department of Taxation and I mutually agree to terminate my participation in the EFT program.

\_\_\_\_\_  
Signature of Owner, Partner or Member, Fiduciary, or Officer

\_\_\_\_\_  
Title: Owner, Partner or Member, Fiduciary, or Officer

\_\_\_\_\_  
Date

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER**

**GENERAL INSTRUCTIONS**

Please type or print clearly. Return your registration material to the Hawaii Department of Taxation within 15 days from the date you received your packet.

**Please make a copy of your application for your records.**

For more information, see Tax Information Release No. 95-6, "Questions and Answers on Paying Taxes by Electronic Funds Transfer."

**PENALTIES.** Section 231-9.9, Hawaii Revised Statutes (HRS), imposes a penalty of 2% of the amount of the tax due if those who are required to make payments by EFT do not do so without reasonable cause. This is in addition to any other penalties. Also, section 40-35.5, HRS, allows the Department of Taxation to assess a \$15 service fee on electronic funds transfer payments that are dishonored for any reason.

**SPECIFIC INSTRUCTIONS**

**Part I—Taxpayer Information**

All taxpayer information must be completed. If you are requesting approval to use the ACH Credit method, failure to provide the information requested will result in automatic rejection of your request.

**Part II—Bank Information for ACH Debit**

This part must be completed only by participants who will be using the ACH Debit method.

If you will be paying for more than one tax type using the same bank account, only one Form EFT-1 should be completed. You may pay

for any of the taxes listed on the form by EFT even if you do not exceed \$100,000 for that particular tax type.

If you will be using more than one bank account, please complete a Form EFT-1 for each account you will be using.

The bank information can be obtained from your bank or at the bottom of the check from the account you wish to be debited.

Account number should not exceed 17 digits.

Transfer/Routing Number requires 9 digits.

**Remember to attach a voided check from the bank account you want debited.**

Form EFT-1 must be signed by an owner, partner or member, fiduciary or officer who is authorized to sign checks drawn in the account identified on the form.

**Part III—Request for Approval to Use ACH Credit Method**

This part is to be completed only to request approval to use the ACH Credit method.

Some financial institutions offer ACH origination services. Contact your bank to determine what ACH origination services it offers and the costs of ACH Credit service. You cannot use the ACH Credit method unless your bank can initiate transactions in the CCD+TXP format.

Remember that if you use the ACH Credit method, the Department of Taxation *is not* responsible for the successful completion of EFT transactions that are required by law. Furthermore, the Department will not pay any costs your financial institution charges you for its services.

Signature of owner, partner or member, fiduciary or officer is required.

**IMPORTANT INFORMATION**

*You will receive a confirmation letter after you file this form. The letter will include detailed instructions for the method of payment to be used. No EFT payments should be attempted before that date.*

*For ACH Debit Method Filers - You should receive your access code from the Department of Taxation approximately two weeks after submitting Form EFT-1. After receiving your access number, your personal identification number (PIN) will be mailed under separate cover from the data collection center.*

*The Department of Taxation may withdraw its approval for use of the ACH Credit method for failure to conform to the requirements for ACH Credit transactions.*

*You must make a written request if you wish to change from one ACH payment method to another. You must continue making your tax payments through EFT using the method in use until you receive confirmation authorizing the change and the effective date of the change.*

If you have any questions, please call (808) 587-4242 or toll free at 1-800-222-3229.

**Mail the completed Form EFT-1, with a voided check, if applicable, to:**

**EFT Program  
Hawaii Department of Taxation  
P.O. Box 259  
Honolulu, HI 96809-0259**

**STATE DISTRICT TAX OFFICE ADDRESSES AND TELEPHONE NUMBERS**

**OAHU DISTRICT OFFICE**

First Taxation District  
P. O. Box 259  
Honolulu, HI 96809-0259

Telephone Numbers  
Information: (808) 587-4242  
Toll Free: 1-800-222-3229

Forms by Fax/Mail:  
Telephone No.: (808) 587-7572  
Toll Free: 1-800-222-7572

Office Location:  
Princess Ruth Keelikolani Bldg.  
830 Punchbowl St.  
Honolulu, HI 96813-5094

Website: [www.state.hi.us/tax](http://www.state.hi.us/tax)

**Telephone Numbers for the Hearing Impaired**

Tax Services & Processing  
(808) 587-1418  
Toll Free: 1-800-887-8974

Compliance Division  
(808) 587-1419  
Toll Free: 1-800-961-5369

**MAUI DISTRICT OFFICE**

Second Taxation District  
P. O. Box 1169  
Wailuku, HI 96793-6169

Telephone No.: (808) 984-8500

State Office Building  
54 S. High St., #208  
Wailuku, HI 96793-2198

**HAWAII DISTRICT OFFICE**

Third Taxation District  
P. O. Box 833  
Hilo, HI 96721-0833

Telephone No.: (808) 974-6321

State Office Building  
75 Aupuni St., #101  
Hilo, HI 96720-4245

**KAUAI DISTRICT OFFICE**

Fourth Taxation District  
3060 Eiwa St., #105  
Lihue, HI 96766-1889

Telephone No.: (808) 274-3456

State Office Building  
3060 Eiwa St., #105  
Lihue, HI 96766-1889