

EFT PAYMENT PROGRAM CHANGE FORM

For Akron and JEDD Withholding Payments
Using ACH Debit Method

Company Name _____

Federal ID Number _____

Check and complete only the information to be changed.

_____ Financial Institution Information: include **voided check** or **bank verification**.

Name _____

Address _____

City/State/Zip _____

Checking Account Number _____

Routing Number _____

_____ Contact information:

Name _____

Phone Number _____

Fax Number _____

E-Mail address _____

_____ Business mailing address

Address (line 1) _____

Address (line2) _____

City/State/Zip _____

_____ Threshold	7-digit account number	Amount
Akron	_____	\$ _____
Bath-Akron-Fairlawn JEDD	_____	\$ _____
Copley-JEDD	_____	\$ _____
Coventry-JEDD	_____	\$ _____
Springfield-JEDD	_____	\$ _____

_____ PIN Number (Four to Eight Digits Only) _____

Be aware, we will be unable to accept this information, if this letter is not signed by the taxpayer or authorized contact person.

Should you have any questions, or need further assistance, contact our EFT Section at 330-375-2497.

Taxpayer signature _____ Date _____

Print Name & Title _____

**MAIL TO: INCOME TAX DIVISION, EFT SECTION, 1 CASCADE PLAZA 11TH
FLOOR, AKRON, OHIO, 44308-1100.**