

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

- Declaring EFT Method to: ACH Debit ACH Credit ELF/Bulk Filing
 Adding Tax Type
 Changing bank information for ACH Debit - Complete Part I below and Part III on page 2.

PART I Taxpayer Information

Taxpayer's Name	Hawaii Tax Identification Number W _____ - _____
DBA Name	FEIN/SSN _____
C/O	Contact Name _____
Mailing Address (Number and Street)	Contact Person Telephone Number () _____ ext. () _____
City or Town, State, and Postal/ZIP Code	Contact E-mail Address _____

Please indicate the tax types that you will be paying by EFT by checking the appropriate tax type box(es) below. Indicate also if you are required to pay those taxes by EFT (i.e., your annual tax liability exceeds \$100,000, or your annual withholding exceeds \$40,000). **Note:** The Department will not require an employer whose withholding liability exceeds \$40,000 to pay by EFT if such employer is not required to remit their federal employment taxes electronically.

Tax Type	Tax Type Code	EFT Required?		Tax Type	Tax Type Code	EFT Required?	
		YES	NO			YES	NO
<input type="checkbox"/> General Excise and Use	04610			<input type="checkbox"/> Fuel	05007		
<input type="checkbox"/> Withholding	01130			<input type="checkbox"/> Liquor	06418		
<input type="checkbox"/> Transient Accommodations	07420			<input type="checkbox"/> Cigarette and Tobacco	07219		
<input type="checkbox"/> Rental Motor Vehicle and Tour Vehicle Surcharge	20070			<input type="checkbox"/> Individual Income	01311		
<input type="checkbox"/> Public Service Company (PSC)	15095			<input type="checkbox"/> Corporation/Partnership Income	02230		
<input type="checkbox"/> PSC Installment (FP-1)	15077			<input type="checkbox"/> Fiduciary Income	01740		
<input type="checkbox"/> Franchise	02287			<input type="checkbox"/> Individual Estimated Income	01201		
<input type="checkbox"/> Franchise Installment (FP-1)	02177			<input type="checkbox"/> Corporation Estimated Income	02103		
				<input type="checkbox"/> Estates and Trusts Estimated Income	01205		

PART II Method of EFT Payment. Check only one box to indicate your method of EFT payment.

- Method I — Payment through the State of Hawaii Department of Taxation Electronic Services Website or Internet Bulk Filing Website.**
 The State of Hawaii Department of Taxation is hereby notified that the above-named taxpayer will make payments through the State of Hawaii Department of Taxation Electronic Services website at www.ehawaii.gov/efile or Department of Taxation Internet Bulk Filing website at www.ehawaii.gov/bulkfile.

- Method II — ACH Debit. Complete the bank information below. *Reminder: Attach voided check.***
 If you have **more than one** Hawaii Tax Identification Number (HTIN) for a tax type you are paying by EFT, you must submit a separate Form EFT-1 for that HTIN. The Hawaii Department of Taxation is hereby authorized to present debit entries which I or my authorized agent originates to the bank account identified below and the bank is authorized to debit such account for the tax(es) identified above.

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

- Method III — ACH Credit.**
 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). If you have additional HTIN, please list: _____

DECLARATION

The above authority is to remain in effect until EFT payments are no longer required by statute; until I am notified in writing that the State of Hawaii Department of Taxation has withdrawn its approval for use of the ACH Credit method (if Method III is checked); or, if I am a voluntary participant, until the State of 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 Changing Bank Information for ACH Debit Method

Access Code _____

Date bank information will be changed: _____

OLD BANK INFORMATION

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

NEW BANK INFORMATION Reminder: Please attach voided check.

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

GENERAL INSTRUCTIONS

Please make a copy of your application for your records.

For more information, see Tax Information Release (TIR) No. 95-06, "Questions and Answers on Paying Taxes by Electronic Funds Transfer;" TIR No. 99-01, "Filing of Tax Returns Required by Taxpayers Who Pay Taxes by Electronic Funds Transfer (EFT);" and TIR No. 2004-01, "Act 113, Session Laws of Hawaii 2004, Relating to Income Tax Withholding."

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 on or before the date prescribed 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 \$25 service fee on electronic funds transfer payments that are dishonored for any reason. This service fee cannot be waived.

SPECIFIC INSTRUCTIONS

Part I — Taxpayer Information

All taxpayer information must be completed and must match the taxpayer information on file with the State Department of Taxation.

Part II — Method of EFT Payment

Check the applicable box to indicate your method of EFT payment.

Method I — Payment through the State of Hawaii Department of Taxation Electronic Services Website or Internet Bulk Filing Website

Check the box for Method I to notify the State of Hawaii Department of Taxation that you will make your tax payments through the Department's Electronic Services website or Internet Bulk Filing website.

At the Electronic Services website, you have the option of paying by credit card or by electronic check (eCheck). A processing fee applies for all payments made through the Electronic Services website. Credit card payments are also subject to a 2.25% service fee on the payment amount. You are responsible for these fees. All fees are non-waivable. Payments made through the Internet Bulk Filing website are ACH Debit transactions. A processing fee will apply to each transaction made through the Internet Bulk Filing website.

Method II — ACH Debit

Check the box for Method II if you wish to pay by ACH Debit. Please provide your complete bank information and attach a voided check.

If you will be paying for more than one tax type using the same bank account and same HTIN, 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 (\$40,000 for withholding taxes).

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

Omit hyphens in your bank numbers.

Please remember to attach a voided check from the bank account you want debited.

Method III — ACH Credit

Check the box for Method III if you wish to pay by ACH Credit.

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 Method III unless your bank can initiate transactions in the CCD+TXP format.

Please remember that if you use Method III, 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 may charge you for its services.

Part III — Changing Bank Information for ACH Debit Method

Provide your complete bank information for your old bank account and your new bank account. If you are changing your bank information and the effective date of change is noted on Form EFT-1, the change will be done no earlier than that date.

Please remember to attach a voided check from the new bank account you want debited.

Signature

Form EFT-1 must be signed by an owner, partner or member, fiduciary, or officer.

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

IMPORTANT INFORMATION

If you checked Method II or Method III, you will receive a confirmation letter in the mail after you file Form EFT-1. The letter will include instructions for how to make a payment using your chosen method. No ACH Debit or ACH Credit EFT payments should be attempted before the confirmation letter is received.

Method II applicants will also receive their access code with the confirmation letter. The personal identification number (PIN) will be mailed under separate cover from the data collection center.

Method III applicants should be aware that the Department may withdraw its approval for use of ACH Credit for failure to conform to the requirements for ACH Credit transactions.

Method I applicants will not be sent a confirmation letter in the mail. After submitting your Form EFT-1 to notify us of your intent to file and pay using our Electronic Services website, you must register for an E-File account at www.ehawaii.gov/efile or the Department's Internet Bulk Filing website at www.ehawaii.gov/bulkfile. Afterwards, you will receive an e-mailed confirmation of your registration.

You must submit a Form EFT-1 if you wish to change from one ACH payment method to the other. 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 contact the Department of Taxation's Electronic Processing Section at:

E-mail: Tax.Efile@hawaii.gov

Telephone: 808-587-1740

Fax: 808-587-1488

Mail the completed Form EFT-1 to:

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