

ACH Debit Bank Change Information Only

Philadelphia Department of Revenue
Electronic Government Services
MSB – 1401 JFK Blvd – Rm 430
Philadelphia, PA 19102-1697
Phone: 215 686-6582, 6579, or 6539
Fax: 215 686-6828
Email: egovservices@phila.gov

Business Name:

Philadelphia Tax Account Number:

EIN:

Reporting ID:

Email Address:

**Please attach original voided check here
Faxes and/or copies will not be accepted and will delay application processing.**

If checks are not used for this account, one of the following data **must be** supplied:

- An **original bank specification sheet** indicating company name, bank account number, and ABA number.
- An **original bank deposit slip** indicating company name, bank account number, and ABA number.
- An **original confirmation letter from your bank** indicating company name, bank account number, and ABA number.

Enter information for the bank account from which tax payments will be drawn using the ACH DEBIT payment method. Please attach a voided check or MIRC specification sheet to verify your bank account information. If you use separate bank accounts to make different tax type payments, a separate Enrollment Agreement must be completed for each bank account used. Make a photocopy of this Enrollment Agreement, and check the appropriate block(s) in section 5 on the first page of this form, to indicate the tax type(s) which will be paid from the bank account listed.

Bank Name	Account Number
Street Address	Transit Routing (ABA) Number:
City	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
State	Zip Code

Authorized Signature

I certify that the information provided on this form is true and correct and hereby authorize the City of Philadelphia, Department of Revenue to use the above information in direct conjunction with the EFT Program.

Print: Last	First	MI	Telephone Number	Date
Signature of above individual			Title	

MAIL THE ORIGINAL COPY OF THE COMPLETED BANK CHANGE FORM TO THE ABOVE ADDRESS