



## **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**

Or email to [incometax@cityofmiamisburg.com](mailto:incometax@cityofmiamisburg.com)

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**