



EFT-BIC
State Form 50109
(R3 /6-10)

Indiana Department of Revenue

Date: _____

EFT

Bank Information Change - ACH Debit

*This is for bank change only, it does **NOT** replace the Authorization Agreement Form (EFT-1)*

13 digit Indiana TID # : _____

Company Name: _____

Tax Types: _____

New Bank Information

Bank ABA# : _____
(Transit Routing #) (Nine Digits)

Checking Savings

Bank Account # : _____

This change must be effective by: _____

Will the funds for the ACH Debit payments come from a bank outside of the United States? No Yes

Please print for legibility. The following information is for EFT purposes only.

Company Contact Person: _____

Address: _____

Telephone Number: _____ Ext: _____

Authorized Signature

Date

Please attach a voided check to verify the new bank information. Note: Deposit slips do not always have the same ABA/Transit Routing number as the checking/savings account.

EFT Section, Room N248
Indiana Department of Revenue
100 N. Senate Ave.
Indianapolis, IN 46204-2253
or FAX to: (317) 232-1851 Attn: EFT Section

We will confirm the requested change(s) in writing or by telephone. If you have any questions, contact the EFT Section at (317) 232-5500.