



GENERAL BUSINESS INFORMATION

1 (a). Federal Employer Identification Number

1 (b). Social Security Number

2. Business Name

3. Trade Name

4. Business Address

City

State

ZIP + 4

5. Business Phone No

6. E-mail

FINANCIAL INSTITUTION INFORMATION

I authorize the District of Columbia Office of Tax and Revenue and the financial institution named below to initiate entries to my check/savings accounts. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

IF POSSIBLE, PLEASE ATTACH A COPY OF A VOIDED CHECK

Name of Financial Institution:

Address of Financial Institution:

Financial institution Routing Number (between these symbols on the bottom left of your check):

Checking or Savings Account No:

I hereby authorize the District of Columbia Office of Tax and Revenue to use the above information in direct conjunction with the Electronic Funds Transfer program. This authority is to remain in full force and effect until the District of Columbia Office of Tax and Revenue has received a written termination notification from an authorized officer. I will comply with the Electronic Funds Transfer provisions set forth by the District of Columbia Office of Tax and Revenue.

Signature of Authorizing Official: _____ Date _____

Name and Title of Authorizing Official: _____



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF TAX AND REVENUE

INSTRUCTIONS FOR UPDATING ETSC BANKING INFORMATION

Please complete all applicable line items

GENERAL BUSINESS INFORMATION

- 1 (a). **Federal Employer Identification Number** - Please provide the Federal Employer Identification Number of the business.
- 1 (b). **Social Security Number** - In the case of a sole proprietorship, with no employees, the Social Security Number of the sole proprietor can be used in lieu of a Federal Employer Identification Number. This is not required if a Federal Employer Identification Number is provided in question 1 (a).
2. **Business Name** - The legal name of the business, as registered with the DC Office of Tax and Revenue.
3. **Trade Name** - The trade name of the business, as registered with the DC Office of Tax and Revenue.
4. **Business Address** - The primary address for mail correspondence
5. **Business Telephone Number** - The primary contact telephone number
6. **Business E-Mail** - The primary contact e-mail address

FINANCIAL INSTITUTION INFORMATION

This section allows users to update their information for Electronic Funds Transfer (ACH Debit) The name of the bank, the bank routing number and the bank account number are required to fully update this information. Please note the following:

- The **Signature and Title of Authorized Official** is a required field. This should be someone within your organization authorized to make tax payments. By signing this form the official is authorizing the DC Office of Tax and
- The **Checking Account Number, or Savings Account Number, and Financial Institution Routing Number** are required fields.

COMPLETION OF REGISTRATION

Once you have completed your registration application, you may fax it to (202) 442-6330, attn. E-Commerce. You may also submit it via e-mail to ETSCAccount@dc.gov .