



Income Tax Division
100 West Spring Valley Rd
Centerville, Ohio 45458
Phone: (937) 433-7151
Fax: (937) 433-0310
www.centervilleohio.gov

The City of Centerville 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 via electronic transfer
- 3.) After you have registered for our program, no monthly or quarterly mailings are required.

REQUIREMENTS

To file using the ACH Credit Program, please contact your bank to ensure 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 form. Simply mail the form to us at:

ACH CREDIT ELECTRONIC FILING PROGRAM
CITY OF CENTERVILLE – INCOME TAX
100 WEST SPRING VALLEY RD.
CENTERVILLE, OH 45458

Once we have received your registration, we will send you the file layout specifications that you will need to use for preparation of your ACH Credit file transmissions.

City of Centerville
ACH CREDIT ELECTRONIC FILING PROGRAM
Authorization Form for Electronic Funds Transfer

TAXPAYER INFORMATION

Taxpayer Account Name: _____

FED TAX ID Number: _____

Name of Financial Institution you will be using for ACH Transactions:

CONTACT INFORMATION

Primary Contact Person: _____

Address: _____

Email: _____

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 Centerville Income Tax Division has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

Taxpayer Signature

Date

Printed Name

Title

Mail the completed form to:

ACH CREDIT ELECTRONIC FILING PROGRAM
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