

Form **13929**
(October 2007)

Department of the Treasury – Internal Revenue Service
**HEALTH COVERAGE TAX CREDIT (HCTC)
PAPER CHECK REQUEST**

**Waiver of Electronic Funds Transfer (EFT) Transactions
(ACH Vendor/Miscellaneous Payment Enrollment Form)**

Paper checks take approximately 7-10 business days for receipt, from date of disbursement.

CERTIFICATION (Check One)

- The undersigned certifies receipt of HCTC payments to be a one-time occurrence, and does not expect to receive any more payments this year.
- The undersigned certifies that receiving payment at a financial institution by electronic means is not possible at this time. Send payment by check. **(Explanation Required)**

Explanation:

Legal Business Name and Check Remittance Address:	EIN/TIN (Associated with Legal Name):	Telephone Number:
ATTN:		
Signature:	Date:	
Title (Please Print):		

Fax Completed Form To:

HCTC Finance & Accounting Center
ATTN: Your Finance & Accounting Representative
Fax Number: 1-800-675-9602

FOR INTERNAL REVENUE SERVICE USE ONLY

Input by _____ Date _____
Vendor Code _____

The Internal Revenue Service is responsible for maintaining copies of completed waivers, which are subject to audit review as appropriate.