

EFTPS Individual Enrollment with Third Party Authorization Form – This is the Electronic Federal Tax Payment System (EFTPS) Enrollment form for Individual Taxpayers who wish to authorize a Third Party to pay their federal taxes on their behalf. This disclosure authorization allows third parties to effect enrollment of individuals in EFTPS, make electronic payments of income taxes on their behalf, answer inquiries about the payments, and resolve issues related to EFTPS.

 **Please provide the signed Form 9783T to your authorized Third Party who will retain the document.**


FIELD DESCRIPTIONS

1. Primary Taxpayer Identification Number (SSN). This is your nine-digit Social Security Number.

2. Taxpayer Name(s). This is your name exactly as it appears on the tax return.

3. Joint Filer Taxpayer Identification Number (SSN). If this is a joint filing, this is the joint filer's Social Security Number.

4. Primary Taxpayer Address. Write your address as it appears on your tax return.

 **Note: If the address does not match the IRS records, you must submit Form 8822. Change of Address to the IRS before your enrollment can be completed.**

5. Third Party Name. This is the name of the person, company, or Third Party you are authorizing to make payments on your behalf.

6-7. Third Party Mailing Address and Phone Number. This is the contact information for the authorized Third Party.

If the Third Party is using a Master Account to pay your taxes, Boxes 8 – 10 will be blank.


8. Routing Number (RTN). This is the nine-digit number associated with your financial institution if payments will be made from your account.

9. Account Number. This is the number of the account used to pay your taxes.

10. Type. This indicates whether the account is a checking or savings account.

11. Authorization. This authorizes a Third Party to enroll you in EFTPS and to make income tax payments on your behalf. This also authorizes a Financial Agent of the U.S. Treasury to initiate tax payments from the account designated.

12. Taxpayer Signature. The taxpayer (and joint filer, if applicable) must sign this section to authorize the Third Party to act on their behalf. If there is no signature, the Third Party Authorization is not valid.

 **Note: Your signature indicates that your Signature PIN, date of birth, and prior year's Adjusted Gross Income were received by your Authorized Third Party.**

Remember to sign and return your authorization form to the listed Third Party.

Taxpayer Information

1. Primary Taxpayer Identification Number (SSN):		
2. Taxpayer(s) Name:		
3. Joint Filer's Taxpayer Identification Number (SSN):		
4. Primary Taxpayer Address:		
City:	State:	Zip Code:
International: Province, Country, and Postal Code:		

Third Party Information

5. Third Party Name:	Batch Provider Registration Number:
6. Third Party Mailing Street Address:	
City:	State: Zip Code:
International: Province, Country, and Postal Code:	
7. Third Party Phone Number:	

Financial Institution Information

8. RTN:	9. Account Number:	10. Type:
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorization

11. Please read the following Authorization Agreement:	
<p>I (as defined by the taxpayer signing this Authorization) hereby authorize the Third Party (listed above) and financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS) payments to receive confidential information necessary to effect enrollment in EFTPS, electronic payment of income taxes, and answer inquiries and resolve issues related to enrollment and income tax payments. This information includes, but it is not limited to, passwords, payment instructions, taxpayer name and identifying number, and payment transaction details. If signed by someone other than the taxpayer, I certify that I have the authority (i.e., Form 2848 Power of Attorney and Declaration of Representative or other Power of Attorney) to execute this authorization on behalf of the taxpayer.</p> <p>I have reviewed the information in items 1 – 10 above. I authorize the above-named Third Party Batch Provider to enter my self-selected PIN as my electronic signature for this EFTPS Individual Enrollment and Third Party Authorization. Additionally, by signing, I authorize the designated Financial Agent of the U.S. Treasury to initiate debit entries to the financial institution account indicated above for payment of Federal income taxes owed to the IRS upon request by Taxpayer or his/her representative, using the Electronic Federal Tax Payment System (EFTPS). All debits initiated by the U.S. Treasury designated Financial Agent pursuant to this authorization shall be made under U.S. Treasury regulations.</p> <p>This authorization is to remain in full force and effect until the designated Financial Agent of the U.S. Treasury has received written notification from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it.</p>	
12. Taxpayer Signature:	Date:
Print Name:	
Joint Filer's Signature:	Date:
Print Name:	