

**ACH Debit Bank Change Information Only**

Philadelphia Department of Revenue  
Electronic Government Services  
MSB – 1401 JFK Blvd – Rm 530  
Philadelphia, PA 19102-1697  
**Phone: 215 686-2694, 6582, 6628 or 6459**  
**Fax: 215 686-6828**  
**Email: egovservices@phila.gov**

*Business Name*

*EIN*

*Philadelphia Tax Account Number*

**Please attach original voided check here**  
**Faxes and/or copies will not be accepted and will delay application processing.**

If checks are not used for this account, one of the following data **must be** supplied:

- An **original bank specification sheet** indicating company name, bank account number, and ABA number.
- An **original bank deposit slip** indicating company name, bank account number, and ABA number.
- An **original confirmation letter from your bank** indicating company name, bank account number, and ABA number.

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Bank Name

\_\_\_\_\_

Account Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

Transit Routing (ABA) Number:

City                      State                      Zip Code                      Type of Account:     Checking     Savings

**Authorized Signature**

I certify that the information provided on this form is true and correct and hereby authorize the City of Philadelphia, Department of Revenue to use the above information in direct conjunction with the EFT Program.

Print	Last	First	MI	Telephone Number	Date
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Signature of above individual	Title
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**MAIL THE ORIGINAL COPY OF THE COMPLETED ENROLLMENT AGREEMENT TO THE ABOVE ADDRESS**