

Bank Debit Information

Taxpayers electing to have monthly installment payments debited from their account by bank draft are required to complete the application below. The following information must be included on the application:

- (a) The routing number is the first nine digits listed on the lower left hand side of your check.
- (b) The account number is the second group of numbers after the routing number. Do not include the check number.
- (c) The start date is the date of the first draft.
- (d) The date of debit is the date you indicate when you would like your account to be debited.
- (e) The debit amount is the payment amount authorized by the taxpayer.
- (f) The tax period(s) list the periods outstanding.
- (g) The amount due is the balance due from all periods listed.
- (h) The number of payments will be the number of drafts on this account.
- (i) Bank account name is the name listed at the bank or financial institution (ex: Mr. and Mrs. John Smith, John or Jane Smith, Smith's Car Care, if a business)
- (j) Checking or Savings is the type of bank account being debited.
- (k) Enter your social security number and your spouse's social security number (if applicable).
- (l) LDR account number is the ten-digit business account number assigned to you by LDR.

Installment payments will be debited from your account on the date you specify. Failure to have sufficient funds in your account at the time of the debit will result in a NSF fee being added to the balance due and may result in your agreement being cancelled. If the agreement is cancelled, all tax, penalties, and interest will be immediately collectible. **Acceptance of the bank debit by Louisiana Department of Revenue will constitute a formal installment agreement. A lien will be filed on any tax due greater than \$1,000 and /or if payments exceed 12 months in duration.**

When the payment plan request has been approved, you will be notified of the effective date.

Requests for voluntary participation must be directed to:

Louisiana Department of Revenue
Collection Division
Post Office Box 66658
Baton Rouge, Louisiana 70896-6658
225-219-7448

Application for Participation in the Automatic Bank Debit Program		
Bank Routing Number: _____	Bank Account Number: _____	
Start Date: _____	Debit Date: _____	Debit Amount: \$ _____
Tax Period (s): _____	Amount Due: \$ _____	Number of Payments _____
Bank Account Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving
Taxpayer's Social Security Number: _____	Spouse's Social Security Number: _____	
LDR Business Account Number (if applicable): _____		
Signature and Verification		
Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I agree to participate in this Automatic Bank Debit Program.		
I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.		
_____ Your signature	_____ Date	_____ Telephone
_____ Spouse's signature	_____ Date	_____ Telephone