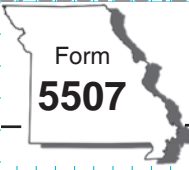


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MISSOURI DEPARTMENT OF REVENUE

ACH Transfer Agreement for Local Political Subdivisions

Department Use Only (MM/DD/YY)

Yellow boxes for Department Use Only date entry.

Missouri Tax I.D. Number

Yellow boxes for Missouri Tax I.D. Number.

Federal Employer I.D. Number

Yellow boxes for Federal Employer I.D. Number.

See page two for instructions

Type of Agreement (Select One): New Change Cancel

Tax Type section with checkboxes for Cigarette Tax, Gas Tax, Local Sales Tax, etc.

Applicant section with fields for Organization's Name, Address, Telephone Number, E-mail Address, Contact Person, Title, City, State, ZIP.

We acknowledge the Department of Revenue reserves the right to provide distribution by check or other means as it deems necessary. The undersigned designate the following as the account to which the Department should credit the ACH.

Financial Institution section with fields for Name, Address, Account Name, ABA Routing Number, Account Number, Telephone Number, City, State, ZIP.

Include a voided check or letter from the banking institution as verification of the above information.

If your banking information changes following the submission of this form, you must submit an updated Form 5507 to ensure your payment is deposited in the appropriate account.

Two city, county, or district official authorized signatures are required. One signature must be the city, county, district clerk, treasurer, collector, finance director, or board member acting in such capacity. If a board member signs, he or she is declaring that he or she is serving as an authorized finance officer for the board. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature section with fields for Authorized Signature, Printed Name, Title, Date Signed for two individuals.

Department Use Only

Department Use Only section with fields for Code, Signature, Title, Date Signed, Effective Date.

Mail to: Administration Division, Investment and Cash Management Office, P.O. Box 87, Jefferson City, MO 65105-0087

Phone: (573) 751-4565, TTY: (800) 735-2966

Form 5507 (Revised 01-2018)



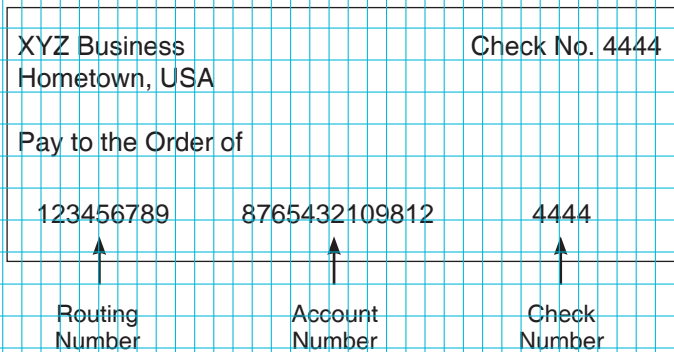
01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66

To provide more security, the Department of Revenue sends distributions via ACH (Automated Clearing House) transfer.

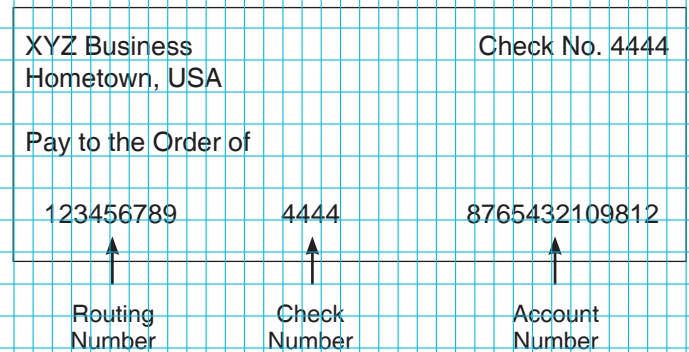
Financial Institution Information

1. Financial Institution Name and Address: Enter your financial institution's name and address.
2. Account Name: Enter your account name at the financial institution.
3. ABA Routing Number: Enter your routing number which is printed on the bottom left hand portion of your business checks. See Examples 1 and 2 below. Verify with your financial institution the correct routing number to use for ACH deposits. Your financial institution may use different routing numbers for checks, ACH deposits, and wire deposits.
4. Account Number: Enter your account number at your financial institution, which is printed on the bottom of your business checks, following the routing number. It may be the first series of digits after the routing number, followed by the check number (Example 1 below), or it may be the series of digits which follow the check number (Example 2 below). The check number is not included in the depositor account number. (Include a voided check or a letter from the financial institution as verification of the above information.)

Example 1



Example 2



Please verify your account name, bank routing number, and account number with your financial institution.

Signature

We require two (2) authorized official signatures. Include the official's title.

Improper Completion

The form will be returned if the agreement:

- (1) Does not contain two (2) authorized signatures;
- (2) Contains corrected errors (i.e., scratch-outs, white-out, type-over, etc.);
- (3) Is not properly completed; or
- (4) Has an invalid bank information or account number.

Please return the completed agreement to the address shown at the bottom of page one.

Cigarette Tax
 Taxation Division
 P.O. Box 811
 Jefferson City, MO 65105-0811
 Phone: (573) 751-5857
 E-mail: excise@dor.mo.gov

Local Riverboat Gaming Revenue
 Taxation Division
 P.O. Box 453
 Jefferson City, MO 65105-0453
 Phone: (573) 751-5900
 E-mail: countyfees@dor.mo.gov

County Stock Insurance Tax
 Taxation Division
 P. O. Box 898
 Jefferson City, MO 65105-0898
 Phone: (573) 751-2326
 E-mail: fit@dor.mo.gov

Local Sales and Option Use Tax
 Taxation Division
 P.O. Box 3380
 Jefferson City, MO 65105-3380
 Phone: (573) 751-4876
 E-mail: localgov@dor.mo.gov

Financial Institution Tax
 Taxation Division
 P.O. Box 898
 Jefferson City, MO 65105-0898
 Phone: (573) 751-2326
 E-mail: fit@dor.mo.gov

Private Car Tax
 Taxation Division
 P.O. Box 453
 Jefferson City, MO 65105-0453
 Phone: (573) 751-5900
 E-mail: countyfees@dor.mo.gov

Gas Tax, Motor Vehicle Sales Tax, and Motor Vehicle Fee Increase
 Taxation Division
 P.O. Box 300
 Jefferson City, MO 65105-0300
 Phone: (573) 751-5158
 E-mail: excise@dor.mo.gov

Statutory County Recorders Tax
 Taxation Division
 P.O. Box 453
 Jefferson City, MO 65105-0453
 Phone: (573) 751-5900
 E-mail: countyfees@dor.mo.gov



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Instructions

Contact Information