

### How To Sign Up

1. Carefully complete and sign the **TaxDirect** Service Application. Confirm all account information you provide. The **TaxDirect** Service Application must be signed by an Authorized Representative.
2. Complete and sign Internal Revenue Service Form 8655, Reporting Agent Authorization. **Always complete Form 8655**, even if you are only signing up to pay State or Local taxes. Ensure that the business name you provide exactly matches the Federal Tax ID Number you provide. If you do not have Form 8655 available, please see your Bank of the West representative. By completing Form 8655, TaxDirect will automatically enroll you in the Electronic Federal Tax Payment System (EFTPS) to pay Federal taxes electronically. You need only complete section one (Taxpayers Information) and sign under Authorization Agreement at the bottom.
3. **Receive the TaxDirect Service Agreement.** If additional questions, please contact your local branch or account officer.
4. If you have more than one employer identification number (EIN), complete a separate TaxDirect Service Application and Reporting Agent Authorization Form (Form 8655) for each EIN.
5. Complete the appropriate State Authorization Form (if applicable) for the State Agency electronic tax payment programs that you want to participate in:
  - Employment Development Department (Employment Payroll Withholding and SDI Disability)
  - State Board of Equalization (Sales taxes)
  - Franchise Tax Board (Income taxes, withholding and payment of Corporate taxes)**Note:** Do not complete Section II for any of the State of California Authorization Forms.
6. Make and retain copies of all forms for your records.
7. Drop off the **TaxDirect Service Application** and **IRS Form 8655** at your local Bank of the West branch.

*If you need a per-payment or daily payment limit in excess of \$25,000 please contact your local branch or account officer.*

### What To Expect

1. Within two weeks of the Bank approving your **TaxDirect** Service Application, the authorized/designated contact at your company will receive the following product materials in the mail:
  - A packet of **TaxDirect** product materials, including User Guide, Access Code, Instruction Card, system access phone number, and customer service number.
  - Four-digit Password (under separate cover), within three to four days after receiving your initial product materials.
2. Once you receive your Password, you can begin paying your tax payments electronically through **TaxDirect**.
  - For TreasuryNow clients, access to the Tax Direct Single Sign On will be available on TreasuryNow.
  - For all other clients, access to Tax Direct will be available via [WWW.govone.com/tpp/taxdirect](http://WWW.govone.com/tpp/taxdirect).
3. Before you make a tax payment to a specific State Agency, you must receive authorization from that Agency that your Company is established on their EFT service for tax payments.
4. Following Implementation, contact Customer Service with any TaxDirect questions at (800) 400-2781, Monday through Friday from 6:00 a.m. to 5:00 p.m. Pacific Time.

TYPE OF ENROLLMENT		TAX PAYMENT SERVICES				Billing Method		
<input type="checkbox"/> Business <input type="checkbox"/> Business Filing with a Social Security Number		I'd like to make: <input type="checkbox"/> Federal Tax Payments <input type="checkbox"/> Same Day ACH Federal Tax Payments <input type="checkbox"/> State/Local Tax Payments <input type="checkbox"/> Same Day ACH State/Local Tax Payments (Complete State and Local Tax Payment Services section)				<input type="checkbox"/> Account Analysis <input type="checkbox"/> Direct Charge		
CUSTOMER INFORMATION								
Federal Tax ID (from IRS Form 8109 or Social Security Number):			Name Tied to Social Security Number (if applicable)					
Business Name (from IRS Form 8109 or use the DBA name if enrolling with a Social Security Number):								
Business Address:								
City:		State:			Zip Code:			
Contact Name:				Contact Phone Number				
Name on Checking Account				Fax Number				
Account Number (9 digits)			Transit Routing Number/ABA Number (Specific for TaxDirect; Do not modify) <b>121100782</b>					
PAYMENT LIMITS*								
Please indicate your payment needs:		Max Per Payment Amt \$ _____				Daily Aggregate Amt \$ _____		
STATE AND LOCAL TAX PAYMENT SERVICES								
<i>(Enrollment with the State agency's Electronic Funds Transfer service is required prior to making payments through TaxDirect)</i>								
State:	Tax Type:	State Tax ID:	State:	Tax Type:	State Tax ID:	State:	Tax Type:	
State:	Tax Type:	State Tax ID:	State:	Tax Type:	State Tax ID:	State:	Tax Type:	
State:	Tax Type:	State Tax ID:	State:	Tax Type:	State Tax ID:	State:	Tax Type:	
ADDITIONAL SERVICES								
<i>(Please check appropriate box(es); Additional fees may apply)</i>								
Payment Receipts: <input type="checkbox"/> Via Mail <input type="checkbox"/> Via Fax <input type="checkbox"/> Not Required			Quarterly Report: <input type="checkbox"/> Via mail <input type="checkbox"/> Not Required					
CUSTOMER SIGNATURES								
By signing this TaxDirect Service Application, the undersigned certifies the information is true and accurate and agrees that, if approved, the TaxDirect Service shall be governed by the TaxDirect Service Agreement (receipt of which is acknowledged) as the Service Agreement is amended from time to time.								
_____ Print Name				_____ Print Name				
_____ Authorized Signature                      Date				_____ Authorized Signature                      Date				
_____ Title				_____ Title				
Branch Use Only (Required)								
Customer Signature Verification Completed By:								
_____ Employee Signature		_____ Print Employee Name		_____ Employee Number		_____ Branch Number	_____ Cost Center	_____ Date
Complete and sign this form and IRS Form 8655 prior to sending to Cash Management. Original signatures are required. <b>Incomplete packages will be returned.</b> *An approved credit application must be submitted for payment limits over \$25,000 or for payment effective date settlement.								

Send completed package to Cash Management – Fulfillment – via FAX - 266-568-2497