Illinois Department of Revenue

CPP-1-A ACH Debit Payment Authorization for Installment Payment Plan

| A | Federal employer identification number (FEIN) |
|---|--|
| Your spouse's Social Security number | Illinois account ID |
| Your first name and middle initial Last name | Legal business name: |
| Your spouse's first name and middle initial Last name | Doing-business-as (DBA), assumed, or trade name, if different from the legal business name on the line above: |
| Street address - No PO Box number Apartment or suite number | |
| City State ZIP | Business mailing address |
| Your email address | City State ZIP |
| () () Your home phone number Your work phone number | Name of person responsible for remitting payments |
| ()() Your mobile phone number Your spouse's phone number | () () Phone number Alternate phone number |
| Step 2: Describe your ACH payment frequency | |
| 1 Check one of the following options to describe how often | you will make payments. |
| One payment per month One payment Date of month Day of week | x per week One payment every other week Day of week |
| Step 3: Provide your financial institution and acc | count information |
| 2 Financial institution's name | |
| | |
| Mailing address | City State ZIP |
| Name(s) on the account (list all names) | |
| Routing number | vour financial institution for the routing number (for savings accounts). |
| Account number | |
| | |
| Step 4: Read the statement and sign below | |
| I agree to, and understand, that (1) the Illinois Department of Revenue (IDOR) (ACH debits) at the frequency I selected in Line 1 and from the account listed Administrative Code of Illinois and all applicable Illinois tax acts, and that this a to cancel; (2) IDOR may request additional information about my financial con described above; (3) IDOR has the discretion to file a lien at any time, inclu- payment; (4) IDOR may contact me about this payment plan at any address a by email or text); and (5) if I do not remit the scheduled payment, file all requir payment plan, my entire unpaid balance will become due immediately, and IDO Under penalties of perjury, I state that I have examined this form and, to the become Your signature or authorized officer (if officer, write title) | on Line 2 in accordance with the Department of Revenue Law of the Civil authorization remains in effect until the debt is paid or I notify IDOR in writing dition and I may be required to pay a higher amount than the payment plan uding, but not limited to, when IDOR determines there is a risk of non- and phone number listed in Step 1 (this includes electronic communication red returns, and pay all taxes when due, IDOR may cancel my installment OR may take enforcement action, including levy of my bank account or wages. |
| | ,,, , |
| Please fax your completed form to us at 217 785-2635 or mail it to: INSTALLMENT CONTRACT UNIT ILLINOIS DEPARTMENT OF REVENUE PO BOX 19035 SPRINGFIELD IL 62794-9035 | |
| Department use only | |

Approved by assignee

Date approved by assignee

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Approved by supervisor

/ _ / _ Date approved by supervisor

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This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is REQUIRED. Failure to provide information may result in this form not being processed and may result in a penalty.