

STATE OF DELAWARE  
 DEPARTMENT OF FINANCE  
 Division of Revenue  
 Carvel State Building  
 820 NORTH FRENCH STREET  
 P.O. Box 8763  
 WILMINGTON, DE 19898-8763

SSN/TPID: \_\_\_\_\_

\_\_\_\_\_  
 Name

Dear Taxpayer:

We are providing two methods of payment that you may choose from, both of which require ACH participation.

- METHOD #1:** Payment of the full balance will take place within a period of 48 months or less. The authorization for initiating this program is attached and must be completed and returned to us within 10 days. No legal action would be taken.
- METHOD #2:** This method is long term and does require that legal action be taken. If a judgment has not been filed, we will take steps to secure that Judgment in the near future. This procedure protects the financial interests of the State but in no way affects the installment arrangements you will be making. Please be aware that the filing of a Judgment may have serious implications with respect to your credit ratings and will remain on your credit report for a period of 7 years after being satisfied.

During the time that you are in the installment program you must be sure to timely file your taxes. Your account is subject to an annual review of financial information. All State, Federal and Maryland refunds will be offset and applied to your account. **If you believe your balance is paid before your scheduled end date, you must notify The Division of Revenue. No reimbursement will be given for bank charges you may incur for overdrafts that occur before your set schedule end date**

Please make your choice and sign below if you are in agreement with the above. Enclosed are two (2) letters, **you are required to return a signed letter within 30 business days and retain one copy for your records.**

Respectfully,

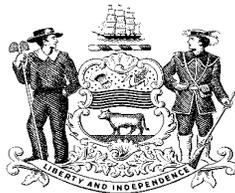
\_\_\_\_\_

\_\_\_\_\_  
 TP# 1

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 TP# 2

\_\_\_\_\_  
 Date



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\_\_\_\_\_  
 TP# 1

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 TP# 2

\_\_\_\_\_  
 Date



## **AUTOMATIC PAYMENT PLAN**

Dear Taxpayer:

The Division is now offering an automatic payment plan that saves you time and money. No more postage. No more worries about late or lost payments – all at no cost to you!

### *How Does It Work?*

With the Automatic Payment Plan, your monthly installment is automatically deducted from your checking or savings account each month. When you receive your bank statement, it will show the amount transferred from your account. And your monthly billing statement will show that payment applied to your installment. It's that easy.

### *How Do I Sign Up For Automatic Payment Plan?*

To take advantage of the convenience of Automatic Payment Plan, simply complete the authorization agreement form, attach a voided check or savings deposit slip, sign and return to us at:

Delaware Division of Revenue  
Attn: Installment Department  
P.O. Box 830  
Wilmington, Delaware 19899-0830

Please continue to make your monthly payments as you normally do until you receive a letter from us indicating when your Automatic Payment Plan will begin.

Sincerely

Attachment: Automatic Payment Authorization Agreement



# Specific Instructions

## Line 1

Enter the Financial institution from which funds will be transferred.

## Line 2

Enter the Routing number. The first two digits of the routing number must be 01 through 12 or 21 through 32. Do not use a deposit slip to verify the number. (It may contain internal routing numbers that are not part of the actual routing number.)

## Line 3

Enter the Branch name of the Financial institution.

## Line 4

Enter a daytime telephone number where you can be reached.

## Line 5

Enter your bank account number. The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols.

## Line 6

Enter the account number as shown on the Division of Revenue bill.

## Line 7

Enter the name(s) in which the account is held.

## Line 8

Enter the address as it appears on the financial institution records.

## Line 9

Enter your social security number or your Federal Employers Identification number and your signature(s).  
*Reminder* - if this is a joint account then both signatures are required.

## Line 10

Enter today's date.



**Note** – In order to process your request quickly and efficiently, you must include a voided check or savings deposit slip with your completed authorization form. Thank you.



## **ATTENTION**

**HAVE YOU:**

**INCLUDED A COPY OF YOUR VOIDED CHECK OR SAVINGS DEPOSIT SLIP?      Yes\_\_ No\_\_**

**CHOSEN THE DATE OF THE MONTH ON WHICH YOU WISH THE PAYMENT TO BE DEBITED TO YOUR ACCOUNT?**

**THE DATE MUST BE BETWEEN THE 5<sup>TH</sup> AND THE 26<sup>TH</sup> OF EACH MONTH.**

**Date Chosen \_\_\_\_\_**

**\*PLEASE BE ADVISED: TWO OR MORE INSUFFICIENT FUNDS TRANSACTIONS WILL RESULT IN A JUDGMENT BEING FILED IN THE SUPERIOR COURT OF THE STATE OF DELAWARE, WITHDRAWAL OF THE PAYMENT AGREEMENT, AND/OR LEGAL ACTION BEING TAKEN TO COLLECT THE FULL BALANCE DUE.**

**\*MINIMUM PAYMENT REQUIRED IS \$50.00.**

**THANK YOU FOR YOUR ASSISTANCE.**