

Phone: 785-296-3621, option 5 Fax:855-492-8351 www.kselien.org

AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

Request is: New Change Information Effective Date		
Business Partner Information (Please Type or Print Legibly)	
Business Partner's Name		
Address	City	State ZIP
Phone Number	Name of	
Business Partner's FEIN		<u> </u>
ACH Debit	(Complete this Section)	
to debit your bank for the payment	t of electronic lien filing(s) also kno	partment of Revenue (KDOR) authority own as E-Lien. Only you can initiate a of tax to be paid by electronic funds
Account Type: (Check one)	hecking Savings Lec	ger
Bank Name	Bank Contact	
Phone Number		
Transit/ABA#		
Account #		
NOTE: PLEASE E	NCLOSE A VOIDED CHECK F	OR VERIFICATION
Authorized Signature:		
Signature		Date
Print Name of Person that Signed Above		Title
KANSAS DEPARTMENT OF REVENUE DIVISION OF VEHICLES TOPEKA. KANSAS 66601-3506		M OF UNDERSTANDING AS E-LIEN SYSTEM FORM # EF101V

FAX: 1-855-492-8351

KDOR_KS.ELIEN@KS.GOV

OFFICE: (785) 296-3621, Option 5