



New Hampshire
Department of
Revenue Administration

DP-153-ACH
Medicaid Enhancement Tax
Authorization Agreement for
Electronic Payments

ACH Debit **OR** Wire Transfer

Per Rev 2505.05 "Medicaid Enhancement Tax Authorization Agreement for Electronic Payments" shall be filed at least 3 business days prior to the due date of the tax payment to allow for processing time.

STEP 1 HOSPITAL NAME & ADDRESS	HOSPITAL NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	NUMBER AND STREET ADDRESS		
	ADDRESS (continued)		
	CITY/TOWN STATE & ZIP CODE+4		
STEP 2 FINANCIAL INSTITUTION INFORMATION	FINANCIAL INSTITUTION (BANK) INFORMATION		
	Financial Institution (Bank) Name	Financial Institution (Bank) Routing & Transit #	
	Name on Financial Institution Account	FEIN/SSN on Financial Institution (Bank) Account	
	Financial Institution Account Number	Account Type (check one) <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
STEP 3 ACH DEBIT AUTHORIZATION	Authorized Amount of ACH Debit \$ _____		
	This authorization is applicable to the FY 2015 Medicaid Enhancement Tax liability. By signing below, I hereby authorize the State of New Hampshire Treasury to initiate a debit entry to the bank account and the financial institution (bank) named above, on or before April 15, 2015.		
	SIGNATURE (IN INK) OF AUTHORIZED OFFICER/REPRESENTATIVE _____		E-MAIL ADDRESS _____
			TELEPHONE NUMBER _____
	PRINT SIGNATORY NAME & TITLE _____		DATE _____
STEP 4 WIRE TRANSFER AUTHORIZATION	Authorized Amount of Wire Transfer \$ _____		
	This authorization is applicable to the FY 2015 Medicaid Enhancement Tax liability. By signing below, I hereby acknowledge that payment will be wire transferred to the State of New Hampshire Treasury from the financial institution (bank) named above, on or before April 15, 2015.		
	SIGNATURE (IN INK) OF AUTHORIZED OFFICER/REPRESENTATIVE _____		E-MAIL ADDRESS _____
			TELEPHONE NUMBER _____
	PRINT SIGNATORY NAME & TITLE _____		DATE _____

MAIL TO: NH DRA
ADMINISTRATION UNIT
PO BOX 457
CONCORD, NH 03302-0457

FOR DRA USE ONLY