

MAIL TO:
Cook County Department of Revenue
Cigarette Tax
118 N. Clark Street, Room 1160
Chicago, IL 60602

Telephone: (312) 603-6961
Fax: (312) 603-5717
Web: www.cookcountylil.gov/revenue

**COOK COUNTY
DEPARTMENT OF REVENUE**



**WHOLESALE TOBACCO DEALER
CIGARETTE TAX STAMP ACH PAYMENT APPLICATION**
(See instructions on backside)

This form authorizes the Cook County Department of Revenue to electronically debit or deduct payments for Cigarette Tax Stamp Purchase Orders submitted to the Department, using the bank account information provided below. Please complete this application and remit to the Department of Revenue. It is strongly suggested that this form be sent certified mail. If you decide to change your bank account information, you must remit an updated ACH Payment Application to the Cook County Department of Revenue prior to submitting a Cook County Cigarette Tax Stamp Purchase Order. Please allow 3 - 5 business days for account updates.

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- 1.) Cook County
Registration #: _____
 - 2.) Business Name: _____
 - 3.) Street Address: _____
 - 4.) City, State, Zip: _____
 - 5.) Contact Person: _____
 - 6.) Contact Number: _____
 - 7.) Bank Name: _____
 - 8.) Routing Number: _____
 - 9.) Account Number: _____
 - 10.) Account Name: _____

CHECK ONE ONLY

- Check Account Savings Account

CERTIFICATION:

The undersigned hereby certifies he/she has the authority to grant to the Cook County Department of Revenue the authority to debit or deduct from the bank account above ACH Payments due for the purchase of Cook County Cigarette Tax Stamps; acknowledges the Cook County Department of Revenue accepts the information provided in this application, on its face, as true and correct; and thereby the Cook County Department of Revenue is not legally obligated to independently verify the information provided in this application and has indemnity or no legal liability for costs (including attorney's fees or other costs incurred therewith) or expenses they may incur due to the reliance on the information or authorization provided by this application.

(Print Name)

(Title)

(Signature)

(Date)

**WHOLESALE TOBACCO DEALER
CIGARETTE TAX STAMP ACH PAYMENT APPLICATION
INSTRUCTIONS**

- 1) Enter your Cook County Tax Registration Number.
- 2) Enter the business name of the Wholesale Tobacco Dealer granting ACH Payment authority to the Cook County Department of Revenue.
- 3) Enter the Street Address of the Wholesale Tobacco Dealer (Do not enter a PO Box number).
- 4) Enter the Wholesale Tobacco Dealer's City, State and Zip (Do not enter a PO Box number).
- 5) For your Contact Person, enter the name and title of the owner, officer or designated person having ACH payment responsibility.
- 6) Enter the Contact Number for the person identified in number 5 above.
- 7) Enter the name of the bank or financial institution from which the ACH Payment will be withdrawn.
- 8.) Enter the bank or financial institution Routing Number.
- 9.) Enter the Account Number from which the ACH Payment must be deducted
- 10) Enter the complete name of the bank account or financial institution account from which the ACH Payment must be deducted
- 11) Enter the type of account, checking or savings, from which the ACH Payment must be deducted.
- 12) The Person signing this application must enter their printed name, title, signature and date.

If you have any questions, please contact the Department of Revenue during regular business hours; Monday through Friday from 8:30 a.m. to 4:30 p.m. at (312) 603-6961. For additional information, please visit our website at www.cookcountyil.gov/revenue.