



**Authorization Agreement for
Electronic Funds Transfer (EFT) of
LWC Unemployment Tax Payments
FOR ACH CREDIT AUTHORIZATION ONLY**

New Application Update

Employer Name or Authorized Agent		*State ID#.	Federal ID#.
1ST Contact Person	Telephone	2nd Contact Person	Telephone
Mailing Address for EFT purposes (Street Address, Box number)			
Signature		Title	Date

*** When filing for multiple employers, attach listing in the format below or list the State ID#, Federal ID#, and DBA Name in the space provided below.**

State UI No.	Federal Id No.	DBA (doing business as)
123456-7	99-9999999	ABC Company Inc.

Mail/ Fax Agreement To:
Fax(225) 342-5833/Phone(225)326-6999
Louisiana Workforce Commission
Office of Unemployment Insurance Administration
EFT Processing/UI Accounting
P. O. Box 94100
Baton Rouge, LA 70804-9186