# New York State Fiduciary Authorization for Electronic Funds Withdrawal for Tax Year 2013 Form IT-370-PF

Electronic return originator (ERO)/paid preparer: **do not** mail this form to the Tax Department. Keep it for your records.

Estate or trust name: _____

## Purpose

This form is for use by EROs/paid preparers only. An ERO/paid preparer must complete this form when **both** of the following conditions are met:

- The ERO/paid preparer is e-filing Form IT-370-PF, *Application for Automatic Extension of Time to File for Partnerships and Fiduciaries*, **and**
- The payment of the balance due on the e-filed Form IT-370-PF is being made by electronic funds withdrawal through an approved e-file software package.

**Do not use** this form to authorize payment on a Form IT-370-PF if an electronic funds withdrawal is **not** used or if you are filing Form IT-370-PF on the Tax Department's Web site.

## Instructions

Complete this form only when you transmit an electronically filed Form IT-370-PF **and** payment is being made by electronic funds withdrawal.

**Important:** You do not need to complete Form TR-579.3-IT for Form IT-370-PF extension requests if no payment is required, a paper check is used for the payment, or you are using the Tax Department's Internet extension application.

You must complete a separate Form TR-579.2-IT, *New York State E-file Signature Authorization for Tax Year 2013 for Form IT-205,* for every electronically filed Form IT-205 that you file after filing the extension form. This form does not satisfy the signature requirement for e-filed Form IT-205.

**Do not mail Form TR-579.3-IT to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

### Fiduciary authorization for electronic funds withdrawal for Form IT-370-PF

I authorize my ERO/paid preparer to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal for the amount specified on this form from the financial institution account indicated below. I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2013 electronic extension request, and I authorize my financial institution to withdraw the amount from my account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

**Financial institution information** *(must be included if electronic payment is authorized)*

**1** Amount due with extension ..... **1** _____
**2** Financial institution routing number..... **2** _____
**3** Financial institution account number..... **3** _____

Fiduciary signature: _____ Date: _____

Print your name and title: _____