

State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
Fax (208)334-4398
Website: <http://www.doi.idaho.gov>

DEAN L. CAMERON
Director

EFT Enrollment Form – Please print or type.

*Please retain a copy of this form for your records. Return the completed form to the Idaho Department of Insurance.
Attn: Premium Tax Section*

NEW ENROLLMENT **OR** MODIFY ORIGINAL ENROLLMENT

EFT Tax Payment Type: Department of Insurance	(Tax Type 07170)
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Indicate which method you will use in sending your payment.

Please note that Idaho does not accept ACH Debit payments

Automated Clearing House (ACH) Credit Wire Transfer

Check if for individual Surplus Lines Broker

COMPANY

Federal Tax ID No. (9): _____ NAIC # (5): _____

Company Name: _____

OR

Surplus Lines Broker

Surplus Lines Broker National Producer Number (NPN) (Up to 12): _____

Surplus Lines Broker (Individual) Name: _____

AND

FOR ALL ENROLLEES - Fill out contact information

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ ext. _____

Email: _____

Date: ____ - ____ - _____

***Please return the EFT Enrollment Form to premiumtax@doi.idaho.gov, or mail to the above address.

Equal Opportunity Employer

(Rev 10-2022)