



Congratulations.

Within seven days, you will receive in the mail:

- Your PIN
- Instructions on how to create an EFTPS Internet password

Please note: We will mail your PIN to the IRS address of record for your employer identification number or social security number enrollment. That address may be different from the contact information you entered.

**Your enrollment number is 094560430561315041.**

This is important. Print for your records.

If your payment must reach the IRS today to be timely, please visit [irs.gov/epay](http://irs.gov/epay) for options.

#### Personal information

**Primary taxpayer Social Security Number:** xxx-xx-2702

**Primary taxpayer name:** PHILIP AGYEMAN-BUDU

**Primary taxpayer U.S. phone:** (406) 690-6736

**Primary taxpayer international phone:** 4066906736

#### Contact information

**Name:** PHILIP AGYEMAN-BUDU

**Country:** UNITED STATES OF AMERICA

**Address:** 2220 PUEBLO DR

**City:** BILLINGS

**State:** MONTANA

**ZIP:** 59102

**U.S. phone:** (406) 690-6736

**International phone:** 4066906736

**Financial information**

**Routing number:** 292976861 VALLEY FCU OF MONTANA

**Account number:** xxxxx5807

**Account type:** CHECKING

**Authorization agreements****You agreed to this:****Debit Authorization Agreement**

Please read the following Authorization Agreement:

By completing the Financial Institution information above, and electronically signing by selecting "Accept" below, I authorize designated Financial Agents of the U.S. Treasury to initiate EFTPS debit entries to the financial institution account indicated above, for payment of federal taxes owed to the IRS upon request by Taxpayer or his/her representative, using the Electronic Federal Tax Payment System (EFTPS). I further authorize the financial institution named above to debit such entries to the financial institution account indicated above. All debits initiated by the U.S. Treasury designated Financial Agents pursuant to this authorization shall be made under U.S. Treasury regulations. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

**Disclosure Authorization Agreement**

Please read the following Authorization Agreement:

I hereby authorize the contact person listed on this form and financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS) payments to receive confidential information necessary to effect enrollment in EFTPS, electronic payment of taxes, answer inquiries and resolve issues related to enrollment and payments. This information includes, but is not limited to, passwords, payment instructions, taxpayer name and identifying number, and payment transaction details. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner to afford a reasonable opportunity to act on it.

**Authority to Execute an Authorization**

If this authorization is signed by a primary taxpayer or on behalf of joint filers, I certify that I have the authority to have payments made from the account identified with the payment option, above, without the secondary taxpayer's authorization. If signed by a representative of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer(s) (i.e. authority provided by Form 2848, Power of Attorney and Declaration of Representative, or other power of attorney).

I am signing this agreement by typing my name, social security number, and today's date below.

**Electronic signature**

**Name:** PHILIP AGYEMAN-BUDU

**Date:** May 13, 2014

**Primary taxpayer Social Security** xxx-xx-2702

**Number:**