Maryland
DEPARTMENT OF LABOR

Division of Unemployment Insurance, Contributions Division
100 S. Charles Street
Tower I, Suite 3100
Baltimore, MD 21201

Division of Unemployment Insurance Website • www.MDunemployment.com
Unemployment Insurance ACH E-mail • dluiach_labor@maryland.gov

Electronic Funds Transfer Information Guide

Electronic funds transfer (EFT) is a method of instructing financial institutions to transfer money from one account to another electronically, eliminating the use of paper checks. The Contribution Division of Maryland's Division of Unemployment Insurance now accepts limited EFT payments. The EFT program for the quarterly unemployment insurance payments is voluntary and limited to ACH credit payments.

AUTOMATED CLEARING HOUSE (ACH) CREDIT

The ACH credit method allows you to transfer funds by instructing your financial institution to debit your account and credit the state unemployment insurance bank account. You are responsible for any costs charged by your financial institution for ACH transactions.

RECORD FORMAT REQUIREMENTS

Your financial institution will debit your account and credit the state unemployment insurance bank account through the ACH network. To report your tax payment correctly, your financial institution must originate your payment using the Cash Concentration or Disbursement plus Tax Payment Addendum (CCD+/TXP) format. This standard has been adopted for tax payments by the National Automated Clearing House Association (NACHA). Check with your financial institution to confirm that they can originate your tax payment using this record format. If you choose the ACH credit method, the Contributions Division will mail you their EFT bank account and routing and transit number. You must provide this information to your financial institution before you report your first payment.

WHEN TO REPORT A PAYMENT

An ACH credit transaction is timely if funds settle into the state unemployment insurance bank account the next banking day following the due date for the quarter. The four quarterly due dates are: April 30, July 31, October 31, and January 31. ACH credit filers may need one additional processing day for their payments to settle timely. Your financial institution should be able to advise you when to initiate your payment.

HOW TO REGISTER

To begin remitting your unemployment insurance taxes by EFT, complete, sign, and submit an authorization agreement form to the Contributions Division of Maryland's Division of Unemployment Insurance. **KEEP THE ORIGINAL FOR YOUR RECORDS.** You may begin to remit your payments via EFT-ACH credit immediately.

TAX ADDENDUM (TXP) CONVENTION

Segment Identifier	TXP
Separator	*
Maryland Unemployment Insurance Account Number	00XXXXXXXX
Separator	*
Tax Type Code	130
Separator	*
Tax Period End Date	YYMMDD
Separator	*
Amount Type (Tax)	T
Separator	*
Amount	$$$$$$$$¢¢
Separator	*
Amount Type (Penalty)	P
Separator	*
Amount	$$$$$$$$¢¢
Separator	*
Amount Type (Interest)	I
Separator	*
Amount	$$$$$$$$¢¢
Separator	*
Terminator	

An example of an unemployment payment, with penalty and interest would be:

TXP*0012345678*130*970630*T*1234567*P*3500*I*987*

An example of a timely unemployment payment, without penalty or interest would be:

TXP*0012345678*130*970630*T*1234567*

Transaction -	**TXP**	(REQUIRED)
Maryland UI number -	**0012345678**	(REQUIRED)
Tax type code for unemployment ins. taxes -	**130**	(REQUIRED)
Tax period ending date -	**June 30, 1997**	(REQUIRED)
Amount type for tax -	**T**	(As Applicable)
Tax payment -	**$12,345.67**	(As Applicable)
Amount type for penalty -	**P**	(As Applicable)
Penalty payment -	**$35.00**	(As Applicable)
Amount type for interest -	**I**	(As Applicable)
Interest Payment -	**$9.87**	(As Applicable)
Terminator -	****	(REQUIRED)

![Maryland Department of Labor logo]

STATE OF MARYLAND
MARYLAND DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE - CONTRIBUTIONS DIVISION

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Employer Account Number - 00_____   Telephone Number - ____ - ____ - _____

Business Name - _____

Business Mailing Address (Number, Street, Box Number): _____

Business Mailing Address (City, State, ZIP): _____

EFT Contact Person: _____   Telephone Number - ____ - ____ - _____

E-mail Address: _____

Signature of owner, partner or officer: _____

ACH CREDIT

The Maryland Department of Labor (MDOL) is hereby requested to grant authority for the above named taxpayer to initiate ACH credit transactions to the MDOL bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP).

Signature of Bank Representative: _____   Title _____

Bank Name: _____   Date: _____

For MDOL Use Only

Routing Transit Number: <u>121000248</u>   MDOL Bank # : <u>4035301704</u>

MDOL Bank Name: <u>Wells Fargo</u>

Please complete this form.
Keep original and mail a copy to:

MDOL - Contributions Division
Cashier Unit
100 S. Charles Street
Tower I, Suite 3100
Baltimore, MD 21201

Questions answered at:

Telephone: 410-949-0033
Fax: 410-767-2501
E-mail: **dluiach_labor@maryland.gov**