

Oklahoma Tax Commission  
**Request to Cancel a Scheduled Payment**



Taxpayer Name as Shown on Return:		Last four digits of your Social Security Number (SSN) or Federal Employer Identification Number (FEIN):	
Mailing Address: (number and street, including apartment number, rural route or PO Box)			
City, State, ZIP:		Daytime Phone Number:	

**General Information**

To cancel a tax payment scheduled to be withdrawn on a future date, complete Form BA-400 and email the form to **banking@tax.ok.gov**. **Note:** Do not mail Form BA-400; only forms emailed to **banking@tax.ok.gov** will be processed. **Payment cancellation requests must be received by the Oklahoma Tax Commission (OTC) at least two business days before the scheduled payment date.** A separate Form BA-400 must be emailed to **banking@tax.ok.gov** for each scheduled tax payment that should be cancelled.

**Part 1 - Provide payment information for your scheduled payment.**

Scheduled Payment Amount:		Scheduled Payment Date:	
Tax Type: (income, sales, etc.)		Confirmation Number:	

**ACH Payment** (if not applicable, leave blank)

Nine Digit Bank Routing Number:	Last Four Digits of Bank Account Number:
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**Card Payment** (if not applicable, leave blank)

Card Type: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Last Four Digits of Card Number:
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**Part 2 - Provide signature authorization for the OTC to cancel your scheduled payment.**

By signing below, I authorize the Oklahoma Tax Commission to cancel the above-referenced payment. I understand that I may need to submit a new payment on or before the tax due date to prevent penalty and interest from accruing on any balance due.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signed form should be returned by email to banking@tax.ok.gov. Do not mail this form to the OTC.**