

#### ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

See reverse for instruction

## **SECTION I**

Α.	Business Name	E	3. Employer Account Number
C.	Business address (Number, Street, Box Number, City, State, Zip cod	e) C	D. Business Phone (  )
Е.	EFT Contact Person Title		Phone Number (  )
	E-Mail Address		Fax Number (  )

## **SECTION II**

## ACH Debit

## IMPORTANT: Attach a voided check or bank specification sheet

	Bank Name					
<b>~</b> .						
В.	Bank Account Number	C. Routing Transit Number				
D.	Checking Saving	5				
Ε.	For bank account changes only, complete the following and Fax to (916) 654-7441:					
	Settlement date of your last payment					
	Due Date of your next Payment					
	Will your old and new bank accounts be open with funds until completion of this bank change?					
	Yes No					

#### SECTION III

#### ACH Credit

# You are authorizing your financial institution to transfer funds from your bank account to the Employment Development Department's bank account.

## **SECTION IV** Authorization

Please read the following Authorization Agreement:					
ACH Debit – I hereby authorize designated Financial Agents of the EDD to initiate debit entries to the financial institution account indicated above, for payments owed to the EDD upon request by taxpayer or his/her representative, using the ACH debit method.					
<b>ACH Credit</b> – I hereby authorize the EFT contact person and the financial institutions involved in the processing of my Electronic Funds Transfer payments to receive confidential information necessary to effect my enrollment in the EFT program and to answer inquiries related to my payments.					
A. Taxpayer Signature	B. Title	C. Date			
Return to Attention: EFT Unit, MIC 15 / Employment Development Department / P.O. Box 826880 / Sacramento CA 94280-0001 Phone: (916) 654-9130 / Fax: (916) 654-7441					

Department Use Only	
Location	
Registration Date	
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#### INSTRUCTIONS

Marking Instructions: • Use black or blue ink only.

• Please type or print legibly.

## SECTION I

#### General Information (All information must be completed)

- A. Business Name Enter the business name as registered with EDD.
- B. Employer Account Number Enter the eight-digit state employer account number assigned by the State EDD.
- C. Business Mailing Address Enter the mailing address where EDD correspondence and forms should be sent.
- D. Business Phone Enter daytime business phone number.
- E. **EFT Contact Person** Enter name, title, phone number, E-MAIL address and FAX number of person authorized to provide EDD staff information that relates to EFT payment or inquiry.

#### SECTION II

## Complete only if you are registering for the ACH Debit method or changing the bank account number that is use for debiting.

- **Important:** You must attach a voided check or bank specification sheet from the account to be debited. Your check is used for verification of the correct bank account and routing transit numbers.
- A. Bank Name Enter the designated bank name.
- B. Bank Account number Enter the bank account number. (not to exceed 17 digits)
- C. Routing Transit Number Enter the nine-digit routing transit number.
- D. Checking or Savings Indicate checking or savings account. Check only one box.
- E. **Bank Change Only** This information will help ease the registration transition from the old to the new bank account and will decrease the time needed for the processing of your bank account change.

#### SECTION III

#### Complete only if you are registering for the ACH Credit method.

#### **SECTION IV**

#### AUTHORIZATION – This section must be completed.

- A **Signature** The taxpayer must sign this section to authorize participation in the EFT program.
- B **Title** Enter the title of the person who signed the form.
- C. Date Enter the date signed.

# Please do not initiate your payment(s) until you receive a confirmation letter from EDD. If you need to make payment(s) immediately, please call (916) 654-9130 for assistance.