

**AUTHORIZATION AGREEMENT FOR  
ELECTRONIC FUNDS TRANSFER (EFT)**
*Please check appropriate boxes:*

New EFT account  
 Change EFT reporting method  
 Change bank account on \_\_\_\_\_  
 Change contact name or phone number

*See reverse for instructions on completing this authorization agreement.*
*(Type or print in ink)*
**SECTION I**

TAXPAYER NAME	BOE ACCOUNT NUMBER
DBA ( <i>Doing Business As</i> )	BUSINESS PHONE NUMBER (      )
CONTACT PERSON	CONTACT PHONE NUMBER (      )

*Complete Section II or III below (not both):*
**SECTION II**
 **ACH Debit**

The Board of Equalization (BOE) is hereby authorized to initiate debit entries to the bank account identified below and the bank is authorized to debit such account. This authority is to remain in full force until EFT payments are no longer required by statute or, if I am a voluntary participant, until the BOE and I mutually agree to terminate my voluntary participation in the EFT program.

BANK NAME		
BANK ACCOUNT NUMBER ( <i>not to exceed 17 digits</i> )		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
ROUTING NUMBER		
SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE	TITLE OF SIGNER	DATE
PRINT NAME OF SIGNER AND CAPACITY IN WHICH SIGNED		

**IMPORTANT:** *If you have selected the ACH Debit option, you must attach a voided check for the account to be debited. Your voided check will verify bank account and routing numbers. If you are unable to provide a voided check, a bank specification sheet may be used instead of the voided check.*

**SECTION III**
 **ACH Credit**

The BOE is hereby requested to grant authority for the above-named taxpayer to initiate ACH credit transactions to the BOE's bank account. These payments must be in the NACHA CCD+ format using the Tax Payment Convention (TXP) and may only be initiated for EFT tax payments to the BOE provided for by statute.

SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE	TITLE OF SIGNER	DATE
PRINT NAME OF SIGNER AND CAPACITY IN WHICH SIGNED		

*Return this form to the division that administers the program for the above account:*

Excise Taxes Division  
 PO Box 942879  
 Sacramento, CA 94279-0056  
 For EFT assistance, call 916-327-4208

Environmental Fees Division  
 PO Box 942879  
 Sacramento, CA 94279-0057  
 For EFT assistance, call 916-323-9555

Fuel Taxes Division  
 PO Box 942879  
 Sacramento, CA 94279-0030  
 For EFT assistance, call 916-322-9669

*Make a copy for your records.*