



Controller Betty T. Yee

California State Controller's Office

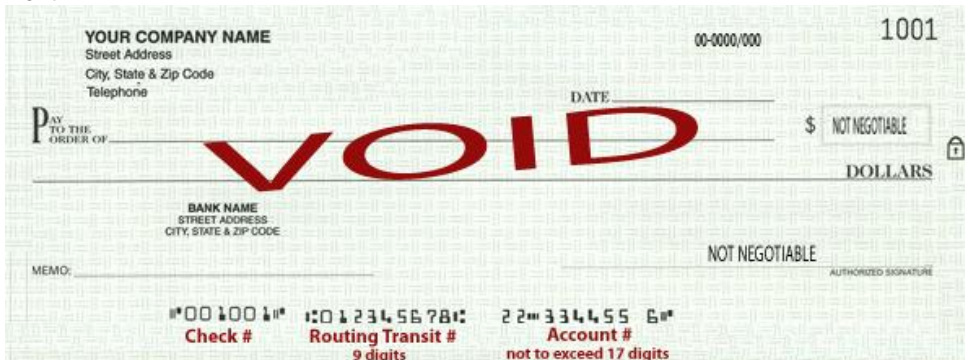
Unclaimed Property Division

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT-1)

Complete Section I Below:						Branch #	000000	
Please Check Appropriate Boxes		<input type="checkbox"/> New EFT Account <input type="checkbox"/> Change EFT Remittance Method <input type="checkbox"/> Change Bank Account <input type="checkbox"/> Change in Holder Contact Information						
HOLDER INFORMATION								
FEDERAL EMPLOYER ID# (FEIN):		_____ - _____						
NAME								
ADDRESS								
CITY					STATE		ZIP	
UNCLAIMED PROPERTY HOLDER TYPE CODE		_____		PHONE	(____) _____ - _____		EXT	
CONTACT INFORMATION - REPORT FILER								
NAME								
EMAIL								
PHONE		(____) _____ - _____		EXT		FAX	(____) _____ - _____	
Complete Section II, III or IV Below:								
SECTION II		<input type="checkbox"/> ACH DEBIT If you have selected the ACH Debit option, you MUST either attach a voided check OR a letter, on company letterhead, noting your Bank Transit Routing Number and Bank Account Number. <i>This information will be used only to verify bank account, transit and routing numbers.</i>						
BANK NAME:								
BANK ACCOUNT NUMBER (not to exceed 17 digits):		_____						
TRANSIT AND ROUTING NUMBER: (not to exceed 9 digits):		_____						
TYPE OF ACCOUNT:		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS						
Method of Communication: (Check One)		<input type="checkbox"/> Phone (Voice) <input type="checkbox"/> Phone (Touch Tone) <input type="checkbox"/> Web Payor PAYCALIFORNIA.COM/SCO						
SIGNATURE		TITLE			DATE			
SECTION III		<input type="checkbox"/> ACH CREDIT						
<input type="checkbox"/> I have verified our company's Financial Institution can originate an ACH Credit transaction in the required record field.								
SIGNATURE:		TITLE			DATE			
SECTION IV		<input type="checkbox"/> INTERNATIONAL FUNDS TRANSFER						
SIGNATURE		TITLE			DATE			

For EFT assistance Call (916) 464-6220 or EMAIL updscoeft@sco.ca.gov
You may fax the completed EFT-1 Form to (916) 464-6224 or mail a copy to
State Controller's Office, Unclaimed Property Division, Attention: EFT Unit
P.O. Box 942850, Sacramento, CA 94250-5873

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM (EFT-1)

General Instructions		
Please type or print clearly. Fax to the California State Controller's Office at (916) 464-6224 Or mail to the address shown on the front of this form. Retain a copy for your file before mailing.		
Complete Section I		
Complete All Applicable Fields		
Complete Section II, III or IV:		
SECTION II	ACH DEBIT	
<ul style="list-style-type: none"> This method allows you to transfer funds to the California State Controller's Office electronically by debiting an account you control in a financial institution for the amount that you report to the California State Controller's Office data collection service. You will have control of the transaction by using a personal security code of your choice. You will receive a reference number for your records that you can use to track the transfer. A REFERENCE NUMBER MUST BE NOTED ON YOUR UNCLAIMED PROPERTY REPORT FORM UFS-1 IN THE UPPER LEFT-HAND CORNER, OR ON ANY OTHER DOCUMENTS SUBMITTED. <p>Important: If you have selected the ACH Debit option, you MUST either:</p> <ul style="list-style-type: none"> attach a voided check <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> a letter, on company letterhead, noting your Bank Transit Routing Number and Bank Account Number <i>This information will be used only to verify bank account, transit and routing numbers.</i> <p>Sample Check: The example of a "voided" check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that is returned with the authorization agreement.</p>		
		
SECTION III	ACH CREDIT	
This method allows you to transfer funds by instructing your ACH participating financial institution to debit your account and credit the California State Controller's Office Bank account. EFT Remittance must be in NACHA CCD + format using the Tax Payment Convention (TXP) and may <u>only</u> be initiated to the California State Controller's Office		
SECTION IV	INTERNATIONAL FUNDS TRANSFER	
This method allows you to originate a transaction utilizing the international electronic payment system to transfer funds through federal reserve banks, whereby the holder debits their own bank account and credits the California State Controller's Office Bank account.		
FOR USE OF THE CALIFORNIA STATE CONTROLLER 'S OFFICE ONLY		
Your enrollment in the California State Controller's EFT program has been approved to commence on: _____		
(Date)		
Your method of remittance is:	<input type="checkbox"/> ACH DEBIT <input type="checkbox"/> ACH CREDIT <input type="checkbox"/> INTERNATIONAL FUNDS TRANSFER	
Unclaimed Property Division By:		
SIGNATURE: _____	TITLE: _____	DATE: _____