

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER (EFT)**

Please Check Appropriate Boxes:

New EFT account
 Change EFT reporting method
 Change bank account on _____ (date)
 Change contact information

See reverse for instructions.
 (Type or Print in Ink)

TAXPAYER AND CONTACT INFORMATION

TAXPAYER NAME	BOE ACCOUNT NUMBER
DBA (doing business as)	BUSINESS PHONE NUMBER () —
CONTACT PERSON	CONTACT PHONE NUMBER () —

PAYMENT OPTIONSComplete and sign either **OPTION 1** or **OPTION 2** below (NOT BOTH)**OPTION 1** **ACH Debit**

The State Board of Equalization 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 State Board of Equalization and I mutually agree to terminate my participation in the EFT program.

BANK NAME	TYPE OF ACCOUNT	
BANK ACCOUNT NUMBER (not to exceed 17 digits)		
ROUTING NUMBER:		
SIGNATURE	TITLE	DATE

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

OPTION 2 (Do not complete if you have completed OPTION 1 above.) **ACH Credit**

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

SIGNATURE	TITLE	DATE
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Return to: State Board of Equalization, Attn. EFT Group, P.O. Box 942879, Sacramento, CA 94279-0035
 or fax to 1-916-322-8457

For EFT assistance call 1-916-327-4229

Make a copy for your records.