

**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 name or phone number

See reverse for instructions.

(Type or Print in Ink)

SECTION I	
TAXPAYER NAME	BOE ACCOUNT NUMBER
DBA (doing business as)	BUSINESS PHONE NUMBER () -
CONTACT PERSON	CONTACT PHONE NUMBER () -

Complete and sign either Section II or III below (not both)

SECTION II		
<input type="checkbox"/> ACH Debit		
<i>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.</i>		
BANK NAME	TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
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 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 (Do not complete if you have completed Section II above.)		
<input type="checkbox"/> ACH Credit		
<i>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 (TXP) and may only be initiated for the EFT tax payments to the State Board of Equalization provided for by statute.</i>		
SIGNATURE	TITLE	DATE

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

For EFT assistance call 916-327-4229

Make a copy for your records.

Instructions for Completing the EFT Authorization Agreement Form

General

Please type or print clearly. Return to the State Board of Equalization within ten days from the date received. Make a copy for your records.

Section I

Complete all blocks in this section. Your BOE account number is required (for example, 30-123456).

Sections II and III

Complete and sign one of these sections, not both.

Complete Section II if you select ACH Debit, or Section III if you select ACH Credit. After making your decision, please check the appropriate box and complete every block of information for the method selected.

If the ACH Debit method is chosen, a voided check must be attached to the completed form. Your voided check will verify bank account and routing numbers.

The example of a voided check, shown below, indicates where to locate the routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that you return with the authorization agreement.

The diagram shows a check with the following fields and callouts:

- Callout 1:** Points to the routing number 133404567.
- Callout 2:** Points to the bank account number 1234561304.
- Callout 3:** Points to the check number 1044.

The check text includes:

- ABC BUSINESS
1234 Park Avenue
Anytown, CA
- 19
- PAY TO THE ORDER OF _____ \$ XXX.XX
- _____ DOLLARS
- Anywhere Bank
U.S.A.
- MEMO _____
- Not Negotiable
- 133404567 1234561304 1044

- 1 Routing Number
(requires 9 digits)
- 2 Bank Account Number
(not to exceed 17 digits)
- 3 Check Number

Important Information

1. EFT Start Date for New Accounts

You will be notified in writing if your agreement is approved. Your confirmation letter will indicate when you must start making EFT payments. DO NOT attempt to pay by EFT before your approved start date.

2. Withdrawal Information

Once you are registered, you cannot withdraw from the EFT program unless your average monthly tax, over a twelve-month period, is less than \$10,000.

If you qualify and wish to withdraw, you must make your request in writing (this is not true if you are closing out your account). Send your letter to EFT Group, P.O. Box 942879, Sacramento, CA 94279-0035. You must continue to make payments by EFT until the Board notifies you in writing that your request has been approved and indicates the ending date for making EFT payments.

3. Changing Your Payment Method (ACH Debit vs. ACH Credit)

If you are submitting an authorization agreement form to change from ACH Debit to ACH Credit, or vice versa, you must continue to use your current reporting method until you are notified in writing by the Board that your request has been approved. A confirmation letter will be mailed to you once your method of payment has been changed.

4. New Bank Account or Routing Number

If you are submitting an authorization agreement form to change your bank account or routing number, you will not receive a confirmation letter.