



**ELECTRONIC FUNDS TRANSFER
AUTHORIZATION AGREEMENT**

See reverse for instruction

Department Use Only
Location
Registration Date

SECTION I

A. Business Name	B. Employer Account Number
C. Business address (Number, Street, Box Number, City, State, Zip code)	D. Business Phone ()
E. EFT Contact Person	Phone Number ()
Title	Fax Number ()
E-Mail Address	

SECTION II

ACH Debit

IMPORTANT: Attach a voided check or bank specification sheet

A. Bank Name	
B. Bank Account Number	C. Routing Transit Number
D. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
E. For bank account changes only, complete the following and Fax to (916) 654-7441:	
<input type="checkbox"/> Settlement date of your last payment _____	
<input type="checkbox"/> Due Date of your next Payment _____	
<input type="checkbox"/> Will your old and new bank accounts be open with funds until completion of this bank change?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

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.

ACH Credit — 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
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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