

Department Use Only
Location _____
Registration Date _____

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

See reverse for instructions on how to complete the form

SECTION I: This form is for businesses who would like to use the Employment Development Department's (EDD) Interactive Voice Response (IVR) telephone system to make EFT payments and for current ACH Debit filers and EFT Bulk Filers using the ACH Debit Method provided through Fidelity National Information Services (FIS), formerly Metavante. Please check the appropriate box(es) below:

- I am registering to make payments using EDD's IVR System.
- I am currently an ACH Debit Filer or an ACH Debit Bulk Filer.
- I am changing the bank account from which EFT ACH Debit entries will be made.

SECTION II: ALL ITEMS MUST BE COMPLETED.

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 _____ Title _____ E-Mail Address _____	Telephone Number () _____ Fax Number () _____

SECTION III:

IMPORTANT: ATTACH A VOIDED PRE-PRINTED CHECK OR BANK SPECIFICATION SHEET WITH THIS FORM.

A. Bank Name	
B. Routing Transit Number	C. Bank Account Number
D. Checking or Savings Account? <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
E. For Bank Account Changes Only. Complete the following and attach a voided pre-printed check or bank specification sheet. The settlement date of your last EFT payment to EDD was _____ The due date of your next EFT payment is _____ Will your old and new bank accounts be open with funds available until completion of this bank change? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION IV: Authorization

Please read the following Authorization Agreement: 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 .			
A. Signature	B. Title (Owner, Accountant, Preparer, etc.)	C. Phone Number ()	D. Date

Fax the completed form to (916) 654-7441 or

Mail to: EFT Unit MIC 15A
Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

For questions about this form, please call the EFT Helpline at (916) 654-9130.

INSTRUCTIONS

Complete this form only if:

1. You would like to make EFT payments by telephone using **EDD's Interactive Voice Response (IVR) System**.
2. You are an **ACH Debit Filer or ACH Debit Bulk Filer** currently using EDD's data collector FIS (formerly Metavante).
NOTE: ACH Debit Bulk Filers must complete this form to enroll new clients in this program. A separate form must be completed for each client.
3. You are an EFT filer described in item 1 or 2 above and you need to change the bank account used for your EFT payments.

To learn about more EFT payment options, visit EDD's Expanded e-Services for Business Web site at <https://eddservices.edd.ca.gov>

Marking Instructions:

- Please type or print legibly.
- Use black or blue ink only.

SECTION I

Check the appropriate box to indicate the action you are taking.

SECTION II – ALL ITEMS IN THIS SECTION MUST BE COMPLETED.

- A. **Business Name** – Enter the business name as registered with EDD.
- B. **Employer Account Number** – Enter the eight-digit State employer account number assigned by EDD.
- C. **Business Mailing Address** – Enter the mailing address where EDD correspondence and forms should be sent.
- D. **Business Phone** – Enter the daytime business telephone number.
- E. **EFT Contact Person** – Enter the name, title, telephone number, e-mail address, and fax number of the person authorized to provide EDD staff with information that relates to EFT payments or inquiries.

SECTION III – ITEMS A THROUGH D MUST BE COMPLETED. COMPLETE ITEM E FOR BANK CHANGES.

IMPORTANT: You must attach a voided pre-printed check (not a temporary check) or a bank specification sheet for the account to be debited. Your check is used for verification of the correct name, address, routing transit numbers, and bank account number.

- A. **Bank Name** – Enter the designated bank name.
- B. **Routing Transit Number** – Enter the routing transit number.
- C. **Bank Account Number** – Enter the bank account number (not to exceed 17 digits).
- D. **Checking or Savings Account** – Indicate whether the account your EFT payments will be debited from is a checking or savings account. Check only one box.
- E. **For Bank Account Changes Only** – This information facilitates the registration transition from the old to the new bank account and expedites processing your bank account change.

SECTION IV: AUTHORIZATION – ALL ITEMS IN THIS SECTION MUST BE COMPLETED.

Signature – Signature of preparer or responsible individual.

Title – Enter the title of the person who signs the form.

Phone Number – Enter the phone number of the person who signs the form.

Date – Enter the date signed.

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