

Electronic Funds Transfer Enrollment and Update Request

This form allows employers to:

- Enroll in the State Data Collector Program ([GovOne First Data](#)).
- Update Electronic Funds Transfer (EFT) contact information on the current account.

For instructions, see page 2.

Complete all sections to ensure proper processing and authorization.

Section I: Employer Information (Must be completed)

Select the appropriate box: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Update or Change EFT Contact	
<input type="checkbox"/> New Payroll Agent or Authorized EFT Contact	
Business Name	Employer Account Number
Business Mailing Address (Number, Street, or Box Number)	Business Phone Number
Business Mailing Address (City, State, ZIP Code)	

Section II: EFT Contact Information (Must be completed)

Person designated to create a user profile and initiate EFT Automated Clearing House (ACH) debit payments to the Employment Development Department (EDD).

EFT Contact Name	EFT Company Name
Email Address	Phone Number

Section III: Enrollment Authorization (Must be completed)

I hereby authorize the EDD to enroll or update the employer payroll tax account in the State Data Collector program as indicated above. I understand that once an enrollment is processed, a temporary security code will be mailed to the address on record. I will be required to visit [GovOne First Data](#) (govone.com/PAYCAL) to complete the remaining registration steps. This includes adding a bank account number and a routing number before any payments can be initiated by me or the EFT contact person listed above.

Signature	Title	
Print Name	Date	Phone Number

Fax the completed form to 1-916-319-1079, or

Mail to EFT Enrollment
Employment Development Department
PO Box 826880 MIC 15A
Sacramento, CA 94280-0001

If you have questions regarding this form, call the e-Pay Unit at 1-916-654-9130.

Instructions for Completing the Electronic Funds Transfer Enrollment and Update Request (DE 26)

All information on the request form must be filled out completely, or your request will not be processed.

This form authorizes employers to:

- Enroll in the State Data Collector Program ([GovOne First Data](#)).
- Update the Electronic Funds Transfer (EFT) contact information.

Once enrolled, you will receive a confirmation letter with instructions on how to create your profile and add the bank account information. We do not have access to enter or maintain your banking information. The employer accepts all responsibility for managing access to their profile on [GovOne First Data](#).

Please type or print clearly and return the completed form to the EDD by mail or fax.

Fax: 1-916-319-1079

Mail: EFT Enrollment
Employment Development Department
PO Box 826880 MIC 15A
Sacramento, CA 94280-0001

Section I: Employer Information

Select the appropriate box for completing this form.

- New Enrollment – Select this box for first time registration in the EFT program.
- New Payroll Agent or Authorized EFT Contact – Select this box if you were previously enrolled in the EFT program and want to change the payroll agent or EFT Contact. Previous access will be deleted, and new access will be granted.
- Update or Change EFT Contact – Select this box if the EFT contact needs to change on the existing account. The EFT contact will have the same access to EFT program.
- If you need to reset a PIN, call the e-Pay Unit at 1-916-654-9130.
- Business Name – Enter the business name.
- Business Mailing Address – Enter the business mailing address.
- Employer Account Number – Enter the eight-digit employer payroll tax account number assigned by us. Do not enter your Federal Employer Identification Number (FEIN).
- Business Phone Number – Enter the business phone number.

Section II: EFT Contact Information

- EFT Contact Name (Must be an individual's name) – Enter the name of the contact person regarding this enrollment or tax payment inquiries. The EFT contact person can create a user profile and initiate EFT ACH Debit payments to us.
- EFT Company Name - Enter the name of the Company, the EFT Contact employer's name.
- EFT Contact Phone Number – Enter the phone number for the EFT contact person.
- Email Address – Enter the email address of the EFT contact person.

Section III: Enrollment Authorization

This section must be signed by an individual having authority to sign on behalf of the business.

If you have questions regarding this form, call the e-Pay Unit at 1-916-654-9130.