



**Controller Malia M. Cohen**  
 California State Controller's Office  
 Unclaimed Property Division

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT-1)**

<b>Complete Section I Below:</b>										
Please Check Appropriate Boxes			<input type="checkbox"/> New ACH Registration <input type="checkbox"/> Change EFT Remittance Method <input type="checkbox"/> Change Holder Contact Information							
<b>HOLDER INFORMATION</b>										
FEDERAL EMPLOYER ID# (FEIN):			_____ - _____							
NAME										
ADDRESS										
CITY						STATE			ZIP	
REMITTER TYPE CODE (also known as PROPERTY HOLDER TYPE CODE)			_____		PHONE	(____) _____ - _____		EXT		
<b>CONTACT INFORMATION (for EFT Registration)</b>										
NAME										
EMAIL										
PHONE		(____) _____ - _____		EXT			FAX	(____) _____ - _____		
<b>Complete Section II, III or IV Below: (Select only one Section and EFT type.)</b>										
<b>SECTION II</b>		<input type="checkbox"/> ACH DEBIT								
<input type="checkbox"/> <i>I have verified our company's Financial Institution can originate an ACH Debit transaction in the required record field.</i>										
SIGNATURE: _____			TITLE _____				DATE _____			
<b>SECTION III</b>		<input type="checkbox"/> ACH CREDIT								
<input type="checkbox"/> <i>I have verified our company's Financial Institution can originate an ACH Credit transaction in the required record field.</i>										
SIGNATURE: _____			TITLE _____				DATE _____			
<b>SECTION IV</b>		<input type="checkbox"/> INTERNATIONAL FUNDS TRANSFER								
SIGNATURE _____			TITLE _____				DATE _____			

For EFT assistance Call (916) 464-6220 or Email [updscoeft@sco.ca.gov](mailto:updscoeft@sco.ca.gov)  
 Return this completed EFT-1 Form by: Fax to (916) 464-6224, Email to [updscoeft@sco.ca.gov](mailto:updscoeft@sco.ca.gov) or mail to  
 State Controller's Office, Unclaimed Property Division, Attention: EFT Desk  
 P.O. Box 942850, Sacramento, CA 94250-5873

## INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM (EFT-1)

### General Instructions

Please type or print clearly.

Return this EFT-1 Form to the California State Controller's Office by: Fax at (916) 464-6224, Email at [updscoeft@sco.ca.gov](mailto:updscoeft@sco.ca.gov), or mail to the address shown on the bottom of this form.

Retain a copy for your file before mailing.

Please refer to the EFT Fact Sheet at [https://sco.ca.gov/Files-UPD/EFTremittanceFactSheet\\_Final.pdf](https://sco.ca.gov/Files-UPD/EFTremittanceFactSheet_Final.pdf) for more information.

If previously approved and remitted payments to the SCO using the prior approved EFT method, there is no need to resubmit authorization forms unless requesting a change to the EFT method or updating contact information. However, contact us to confirm our bank account information has not changed.

### Complete Section I

Complete All Applicable Fields:

1. Select only **one** checkbox for either: first time registration; change to EFT remittance method; or change to holder contact information.
2. Enter the following Holder information:
  - a. Enter Federal Employer Identification number (FEIN #)
  - b. Company name
  - c. Company address, city, state, zip
  - d. Remitter Type Code (also known as Property Holder Type Code). This code represents your industry type. Enter a code from the following that best matches your industry type:
    - i. 01 Banks
    - ii. 02 Savings and Loan Associations
    - iii. 03 Credit Unions
    - iv. 04 Brokerage Firms
    - v. 05 Business Associations (general category)
    - vi. 06 State Agencies
    - vii. 07 Cities and Counties
    - viii. 08 Life Insurance
    - ix. 09 All Other Insurance
    - x. 10 Transfer Agents
3. Enter holder contact information for EFT registration
  - a. Name, email, phone, fax number

If unable to match your industry to the types listed above, then use code "05" as a general business category.

e. Company contact phone number

### Complete Section II, III or IV: (Select only one EFT option.)

#### SECTION II

#### ACH DEBIT

- ACH Debit allows you to transfer funds to the California State Controller's Office electronically by debiting your account at a financial institution for the amount that you report to the California State Controller's Office data collection service.
- After receipt and approval of this EFT-1 Form, you will be given instructions for signing on to the ACH Debit Payment website at [www.govone.com/PAYCAL](http://www.govone.com/PAYCAL) and be able to create a secured account for your ACH Debit payment. At the PAYCAL website, select the "California State Controller's Office" link.
- You will have control of your bank account information at all times. For security purposes, the California State Controller's Office does not ask for your bank account information. Enter your bank account information directly to the PAYCAL website.
- Once you have completed your online payment, you will receive a reference/confirmation number for your records and to track your ACH Debit transfer.

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