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

Complete Section	n I B	elow:															
Please Check Appropriate Boxes				<ul> <li>□ New ACH Registration</li> <li>□ Change EFT Remittance Method</li> <li>□ Change Holder Contact Information</li> </ul>													
HOLDER INFORM	ATIOI	N															
FEDERAL EMPLOYER ID# (FEIN):							_			_							
NAME																	
ADDRESS																	
CITY		_						STATE				ZIP					
REMITTER TYPE CODE (also known as PROPERTY HOLDER TYPE CODE) ———					_	PHONE	(		)_				_ E	XT			
CONTACT INFOR	MATIC	ON (fo	r EFT F	Registra	ation)												
NAME																	
EMAIL																	
PHONE	(_		)			EXT		F	AX	(_		_)_				_	
Complete Section II, III or IV Below: (Select only one Section and EFT type.)																	
SECTION II			ACH D	EBIT													
☐ I have ve	rified	our co	ompany	/'s Fina	ancial Insti	tution ca	an originate	an	ACH De	ebit tr	ransa	ction	in the	requi	ired ı	record fi	ield.
SIGNATURE:					TITLE									DATE			
SECTION III			ACH C	REDIT													
☐ I have ve	rified	our co	ompany	/'s Fina	ncial Insti	tution ca	an originate	an	ACH C	edit t	trans	actio	n in the	e requ	iired	record	
SIGNATURE:						TITLE								DATE			
SECTION IV INTERNATIONAL FUNDS TRANSFER																	
SIGNATURE						TI	TLE						D.	ATE			

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P.O. Box 942850, Sacramento, CA 94250-5873
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### 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 <a href="mailto:updscoeft@sco.ca.gov">updscoeft@sco.ca.gov</a>, 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 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:

- 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

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
- 3. Enter holder contact information for EFT registration
  - a. Name, email, phone, fax 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 <a href="https://www.govone.com/PAYCAL">www.govone.com/PAYCAL</a> 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.

For EFT assistance Call (916) 464-6220 or Email <a href="mailto:updscoeft@sco.ca.gov">updscoeft@sco.ca.gov</a> Return this completed EFT-1 Form by: Fax to (916) 464-6224, Email to <a href="mailto:updscoeft@sco.ca.gov">updscoeft@sco.ca.gov</a> or mail to State Controller's Office, Unclaimed Property Division, Attention: EFT Desk

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

SECTION III	ACH CREDIT					
ACH Credit allows you to transfer funds by instructing your ACH participating financial institution to debit your account and credit the California State Controller's Office bank account.  This EFT payment must be in NACHA CCD + format using the Tax Payment Convention (TXP) and may only be initiated to the California State Controller's Office contracted EFT bank. Upon approval of this EFT option, we will provide SCO's banking information. See also the Holder Handbook on the SCO website for additional information regarding the NACHA CCD + format.						
SECTION IV	INTERNATIONAL FUNDS TRANSFER					
International Funds Transfer allows you to originate a transaction utilizing the international electronic payment system to transfer funds through federal reserve banks to debit your own bank account and credit the California State Controller's Office bank account. Upon approval of this EFT option, we will provide SCO's banking information.						
TO FACILITATE MATCHING YOUR ACH DEBIT, ACH CREDIT OR INTERNATIONAL FUNDS TRANSFER REMITTANCE TO YOUR REMIT REPORT(S), PLEASE REFERENCE THE TRANSACTION DATE AND DOLLAR AMOUNT ONTO YOUR UNCLAIMED PROPERTY REPORT UFS-1 FORM IN THE UPPER RIGHT HAND CORNER AND ON ANY OTHER DOCUMENTS SUBMITTED.						
FOR USE OF THE CALIFORNIA STATE CONTROLLER'S OFFICE ONLY						
Your enrollment in the California State Controller's EFT program has been approved to commence on:						
	Date					
	ACH DEBIT BRANCH NUMBER (To Be Assigned By the SCO) SECURITY CODE (To Be Assigned By the SCO)					
Your method of remitta	nce is:					
	☐ INTERNATIONAL FUNDS TRANSFER					
Unclaimed Property Division By:						
SIGNATURE:	TITLE: DATE:					

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