



Controller Betty T. Yee
 California State Controller's Office
 Unclaimed Property Division

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

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

For EFT assistance Call (916) 464-6220 or Email updscoeft@sco.ca.gov
 Return this completed EFT-1 Form by: Fax to (916) 464-6224, Email to 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 , or mail to the address shown on the bottom of this form. Retain a copy for your file before mailing.		
Complete Section I		
Complete All Applicable Fields		
Complete Section II, III or IV:		
SECTION II	ACH DEBIT	
<ul style="list-style-type: none"> 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 and be able to create a secured account for your ACH Debit payment. You will have control of your bank account information at all times. For security purposes, the California State Controller's Office will no longer require you to provide your banking account information. You will receive a reference/confirmation number for your records that you can use to track your ACH Debit transfer. 		
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 one of the following three NACHA-approved formats (CCD, PPD, or CTX) using the Tax Payment (TXP) Banking Convention and may <u>only</u> be initiated to the California State Controller's Office. ACH Credit payments submitted in any other format will be rejected.		
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.		
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 ON 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: _____ <div style="text-align: right;">(Date)</div>		
Your method of remittance is:	<input type="checkbox"/> ACH DEBIT BRANCH NUMBER (To Be Assigned By the SCO) _____ SECURITY CODE (To Be Assigned By the SCO) _____ <input type="checkbox"/> ACH CREDIT <input type="checkbox"/> INTERNATIONAL FUNDS TRANSFER	
Unclaimed Property Division By:		
SIGNATURE: _____	TITLE: _____	DATE: _____

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