

STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION
AGREEMENT FOR INVOICE PAYMENTS
CDI-177 (Rev. 5/2019)

ACCOUNTING SERVICES BUREAU
ACCOUNTS RECEIVABLE SECTION



CDI ACCOUNTING USE ONLY	
COMPANY IDENTIFICATION NUMBER	DATE

Please check appropriate box:

- New EFT Co. Authorization Agreement
- Change EFT Contact Name/Phone/Email
- Withdraw from EFT Payment Program

See reverse for instructions on completing this authorization agreement.

SECTION I – COMPANY INFORMATION

COMPANY NAME	NAIC NUMBER (Required for Insurers)
DBA (Doing Business As)	COMPANY ID NUMBER
COMPANY ADDRESS (Number, Street, or Box Number)	BUSINESS PHONE NUMBER
COMPANY ADDRESS (City, State, and ZIP Code)	

SECTION II – EFT CONTACT PERSON

Person designated to create a user profile and initiate EFT ACH Debit payments to the California Department of Insurance (CDI).

EFT CONTACT NAME	TITLE
EMAIL ADDRESS (Required)	PHONE NUMBER

SECTION III – ACH DEBIT PAYMENT METHOD

I understand that once this authorization agreement is approved by the California Department of Insurance (CDI), I will be provided a temporary security code and a company identification number. I am then required to go to First Data's payment website at www.govone.com/PAYCAL to complete the remaining registration by adding my payment information, which includes bank account number and routing number, before any invoice payments can be initiated by me or the EFT contact person listed above. This authorization agreement is to remain in full force until EFT payments are no longer required or until CDI and I mutually agree to terminate my voluntary participation in the EFT program.

The person named below has authority to approve the use of EFT transactions for the payment of balances due to CDI.

SIGNATURE OF REPRESENTATIVE	TITLE OF SIGNER	DATE
PRINT NAME OF SIGNER	EMAIL ADDRESS (Required)	PHONE NUMBER

A copy of this agreement will be returned confirming your enrollment along with instructions on how to create a user profile to begin using the EFT system.

SECTION IV

*** For CDI Accounting Use Only ***

SIGNATURE OF DEPARTMENTAL OFFICER	TITLE	DATE
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Please email the completed form to: e-mail arbilling@insurance.ca.gov

For EFT assistance or questions email or contact us at (916) 492-3242.

Make a copy for your records.

Instructions for Completing the EFT Authorization Agreement for Invoice Payments

General

Please type or print clearly. Check the appropriate box for completing this form. Return the EFT Authorization Agreement to CDI.

Section I

Enter all company information in this section. Company name and company ID number should match the name and number on your invoices. If you will be making payment for multiple companies, a separate agreement form will be required for each. If your organization has been assigned a National Association of Insurance Commissioners (NAIC) number, please provide this number as well.

Section II

Enter the name and contact information for the person designated to create a user profile and initiate EFT ACH Debit payments to CDI.

Section III

Enter the name and contact information of the representative approving the use of ACH Debit Electronic Funds Transfer as a method of payment for your organization.

Section IV

CDI Accounting Use Only.

Important Information

EFT Start Date for New Accounts

You will be notified in writing when your agreement is approved. Your confirmation form will indicate when you may start making EFT payments. Do not attempt to pay by EFT before your approved start date. Until your enrollment is confirmed, please continue to submit timely payments in check form to the address provided on your invoice. **All due dates and late charges will be enforced.**

Payment Method

ACH Debit is the only payment method available for departmental invoices.

Banking Information

You will enter banking information at the time you create your user profile. CDI will not have access to enter or maintain your banking information.

Withdrawal Information

The EFT invoice payment method is optional. By completing the Authorization Agreement form you are voluntarily participating in the EFT program. If you wish to withdraw from this EFT program, you must submit your request in writing to arbilling@insurance.ca.gov. Please note the Department will need at least two weeks prior notice in order to cancel this authorization agreement.