

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)
 CDI TAX EFT 93-01 (Rev 06/2016)

(Instructions on the following page)

Check appropriate box and complete applicable sections below:

New EFT Account Change reporting method Change contact information

SECTION I

EFT Tin #								
Taxpayer name							CDI Identification Number	
Taxpayer Address								
City				State			Zip Code	
Doing Business As								
EFT Contact Person			Phone Number		Fax Number		E-mail Address	

COMPLETE SECTION II OR III BELOW:

SECTION II

ACH Debit

I understand that once this authorization agreement is approved by the California Department of Insurance (CDI), I will be provided a generic security code and an EFT TIN 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 my bank account number and routing number, before any tax payment can be initiated by me or the above named taxpayer. This authorization agreement is to remain in full force until EFT payments are no longer required by statute or, until CDI and I mutually agree to terminate my participation in the EFT Program.

SECTION III

ACH Credit

The California Department of Insurance (CDI) is hereby requested to grant authority for the above named taxpayer to initiate ACH credit transactions to the CDI's bank account. These payments must be in the NACHA CCD + format using the Tax Payment Convention (TXP) and may only be initiated for the EFT tax payments to the CDI provided for by statute.

The person named below is authorized to sign and handle any EFT transactions.

Authorized Signature	Print Name	Title	Date
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Please mail or fax completed form to:
 California Department of Insurance
 Accounting Services Bureau
 Attn: Tax Accounting/EFT
 300 Capitol Mall, Suite 14000, Sacramento CA 95814

Phone Number: (916) 492-3288 Fax Number: (916) 322-1941 E-mail: eft@insurance.ca.gov

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) FORM

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GENERAL

Type or print clearly. Return to Accounting Services Bureau, Tax Accounting/EFT, California Department of Insurance at 300 Capitol Mall, Suite 14000, Sacramento, CA 95814. Retain a copy for your file before mailing.

SECTION I

Complete this section for any type of transaction. For change of address, complete Section I only and sign.

1. The EFT TIN # is assigned when your EFT account is established. The Department of Insurance (CDI) will notify you when your EFT TIN Number is assigned.
2. The CDI Identification Number is your CDI assigned permanent number or the Surplus Line Broker license number.

SECTIONS II AND III

Section II - Check the ACH Debit box if you select to make payments using the ACH Debit method. Complete Section III if you will make payments using the ACH Credit method. COMPLETE ONE OF THESE SECTIONS, NOT BOTH.

IMPORTANT INFORMATION

Participation in the Electronic Funds Transfer (EFT) Program shall be for a minimum of one year.

You will receive notification from CDI upon approval of this agreement. You must make a written request and be approved by CDI to be removed from the EFT Program.

For the request to be removed from the EFT Program, you must have participated in the program for a minimum of one year and your last year's annual tax liability must be less than \$20,000.

If you have any questions about this Authorization Agreement or EFT Program, please contact CDI Tax Accounting/EFT Desk at (916) 492-3288, or e-mail at eft@insurance.ca.gov.