



State of California  
Franchise Tax Board

### Electronic Funds Transfer (EFT) Authorization Agreement

See PAGE 2 for instructions.

Mark appropriate box:

- New EFT Account     Change Bank Account     Change EFT Payment Method     Change Contact Information

#### Section 1

Entity Name		Entity Identification	
Entity Address (number, street, box number)		Daytime Telephone (       )	
Entity Address (city, state, and ZIP code)		Fax Number (       )	
Contact Person	E-Mail Address	Contact Daytime Telephone (       )	
Contact Address (number, street, box number)			
Contact Address (city, state, and ZIP code)			

Complete Section 2 or 3 below.

#### Section 2

ACH Debit

I authorize Franchise Tax Board to process debit entries to the bank account identified below upon initiation by the above-named entity. This authority remains in full force until EFT payments are no longer required by statute or until the Franchise Tax Board and I mutually agree to terminate my participation in the EFT program.

In addition, I authorize the individuals named below to establish a new security code if my selected code is lost or forgotten.

Signature	Print Name	Title	Date
Signature	Print Name	Title	Date

Bank Name and Address			
Bank Account Number	Bank Transit and Routing Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Method(s) Used to Communicate Payment Information			
<input type="checkbox"/> Telephone <input type="checkbox"/> Personal Computer			

**If you select the ACH debit option, attach a voided check from the account to be debited. Your voided check provides bank transit and routing numbers.**

#### Section 3

ACH Credit

I request that the Franchise Tax Board grant authority for the above-named entity to initiate ACH credit transactions to the Franchise Tax Board'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 Franchise Tax Board provided for by statute.

Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Bank Name and Address			
Bank Contact Person			Bank Contact Telephone (       )

Mail to: EFT Unit, PO Box 1468, Sacramento, CA 94257-0501, or Fax to: 916.855.5556

**Make a copy of this agreement for your records**

# EFT Authorization Agreement Instructions

## General

Please type or print clearly. Return the authorization agreement to us within 15 days from the date you receive it.

By marking the appropriate box, you must use this form take one of the following actions:

- Register for participation in the electronic funds transfer (EFT) program
- Change the bank account you use for EFT transactions
- Change your EFT payment method
- Change your contact information

## Section 1

Complete all of the blocks in this section.

Your entity identification is your seven digit California corporation number.

## Section 2 or Section 3

Complete Section 2 or Section 3, not both. Complete Section 2 if you selected Automated Clearing House (ACH) Debit or Section 3 if you selected ACH Credit. Mark the appropriate box and complete each block of information for that method.

## Important Information

1. Taxpayers are subject to EFT requirements pursuant to Section 19011 of the Revenue and Taxation Code.
2. Once you register as an EFT taxpayer, **all** corporate income and franchise tax payments to us must be by EFT regardless of the type of payment, the amount of payment, or the tax year the payment is intended for. Payments by other means (i.e. check, cash, etc.) will assess a penalty equal to 10% of the amount paid.
3. When you return your completed authorization agreement you will receive additional information pertaining to the payment method you selected.
4. You may request a waiver of participation in the EFT program with FTB 3816, *Election to Discontinue or Waiver Request*. We may grant a waiver if we determine that the particular amounts paid in excess of the threshold amounts were not representative of total tax liability.
5. Members of a unitary group that compute tax on a combined basis must use the total tax liability and estimated tax payments made by all members of the group to determine whether the threshold amounts are met. This is true even if individual members of the unitary group file separate returns.

## Privacy Notice

For privacy information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

## Internet and Telephone Assistance

Website: **ftb.ca.gov** and search for **eft**  
Telephone: 916.845.4025  
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments