

EFT AUTHORIZATION AGREEMENT FOR LOCAL JURISDICTIONS

- Please type or print clearly in ink.
- See reverse for complete instructions.

SELECT ACTION REQUESTED

- New EFT Account
- Change EFT Bank Account – (see instructions)
- Cancel EFT

SELECT TAX PROGRAM

- 1 percent Local Tax
- ¼ percent (County) Transportation Fund
- Add-on (Special District) Tax
- Local Utility User Tax/Local 911 Charges

SECTION I

NAME OF LOCAL JURISDICTION OR SPECIAL DISTRICT (payee)		JURISDICTION CODE
CONTACT PERSON (name and title)		EMAIL ADDRESS
MAILING ADDRESS	CITY, STATE, ZIP	
CONTACT PHONE NUMBER	CONTACT FAX NUMBER	

SECTION II

The State Controller’s Office, on behalf of the California Department of Tax and Fee Administration (CDTFA), is hereby authorized to make direct deposit (EFT) of any amounts distributed pursuant to the Bradley-Burns Uniform Local Sales and Use Tax Law, the Transactions and Use Tax Law, or the Local Prepaid Mobile Telephony Services Collection Act less any mandatory withholding or deductions therefrom to the designated bank account identified below. If the designated EFT account is a checking account, **a voided check or copy must be attached to the completed authorization agreement.** If the account is a savings or other deposit-only account, **an account confirmation from the bank must be attached.** The voided check or confirmation will be used to verify the bank account and transit routing numbers.

BANK NAME _____

BANK ACCOUNT NUMBER (not to exceed 17 digits) _____

TRANSIT ROUTING NUMBER _____

TYPE OF ACCOUNT
 CHECKING SAVINGS

IMPORTANT

Payee agrees that in the event that the payee owes a debt determined either by court order, or otherwise by operation of law, and for which the CDTFA has been notified according to law, to make repayments by deductions from Local Sales and Use Tax transmittals, the payee will be removed from the EFT program until the debt is extinguished.

*I affirm that deposits received from CDTFA **will not** be forwarded in their entirety to a foreign financial institution.*

SIGNATURE	TITLE	DATE
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Return this form to:
 California Department of Tax and Fee Administration
 Local Revenue Allocation Unit
Warrant Desk
 PO Box 942879, MIC:27
 Sacramento, CA 94279-0027
 FAX 1-916-324-8117
 For EFT assistance call 1-916-324-1386
 This information is confidential and not for public release.

INSTRUCTIONS FOR LOCAL JURISDICTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM

GENERAL

- Read this agreement carefully, and if you have questions call 1-916-324-1386.
- Please type or print clearly.
- Check one action box and one tax program box. Your jurisdiction's tax program can be found on the title line of the remittance advice received from the State Controller's Office.
- Complete all information blocks.

SECTION I

- Your jurisdiction code can be found on the remittance advice immediately above the word "Payee."
- Please enter the jurisdiction code for the corresponding jurisdiction type:
 - City or County (1 percent Local Tax) Code (five digits)
 - County (1/4 percent Tax) Code (two digits)
 - Redevelopment Agency Code (four digits)
 - District Add-on Code (three digits)
 - Local Utility User Tax/Local 911 (Prepaid Mobile Telephony Services) Code (four digits)
- A contact person and telephone number **are required** to process your authorization agreement.

SECTION II

- The "Transit Routing Number" (nine digits) typically can be found in the bottom left-hand corner of your check.
- Please indicate the type of account. (checking or savings)
- Be sure to include a voided check or bank confirmation with your authorization agreement.

ADDITIONAL INFORMATION

- **Changing EFT Bank Account**
 - **IMPORTANT: DO NOT CLOSE YOUR OLD ACCOUNT UNTIL THE FIRST EFT PAYMENT IS DEPOSITED INTO THE NEWLY DESIGNATED ACCOUNT.**
 - This agreement will remain in effect until the CDTFA is notified in writing that you wish to redesignate your account and/or your financial institution, or that you wish to cancel EFT service.
 - To redesignate, please submit a new EFT Authorization Agreement for Local Jurisdictions. Be sure to check the correct action box on the front of the form and provide the correct new information.
 - The first deposit into a new account should be made within 60 days from the CDTFA's receipt of the completed EFT Authorization Agreement.
 - In the interim between the closing of the old account and opening of the new account, you may receive a warrant via U.S. Mail.
- **Canceling EFT Service**
 - To cancel EFT service, submit a new EFT Authorization Agreement for Local Jurisdictions, and check the "CANCEL EFT" box. Be sure to complete all information blocks.
- **EFT Direct Deposit Posting Dates**
 - Funds will be deposited on the "Warrant Issue Date" as shown on the CDTFA's Allocation Calendar. Calendars can be found in publication 28, *Tax Information for City and County Officials*, downloaded from the CDTFA's website at www.cdtfa.ca.gov/formspubs/pub28.pdf (see exhibits), or requested from the Local Revenue Allocation Unit at 1-916-324-3000.
 - Most financial institutions post funds to accounts at the beginning of the bank business day; however, you should confirm your particular bank's practice to determine when funds will be available.