

[Amended Forms]



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

Complete Section I Below:		Branch #	000000
Please Check Appropriate Boxes	<input type="checkbox"/> New EFT Account <input type="checkbox"/> Change EFT Remittance Method <input type="checkbox"/> Change Bank Account <input type="checkbox"/> Change in Holder Contact Information		
HOLDER INFORMATION			
FEDERAL EMPLOYER ID# (FEIN):		_____ - _____	
NAME	_____		
ADDRESS	_____		
CITY	STATE	ZIP	_____
UNCLAIMED PROPERTY HOLDER TYPE CODE	PHONE	(_____) _____ - _____	EXT
CONTACT INFORMATION - REPORT FILER			
NAME	_____		
EMAIL	_____		
PHONE	(_____) _____ - _____	EXT	FAX (_____) _____ - _____
Complete Section II, III or IV Below:			
SECTION II	<input type="checkbox"/> ACH DEBIT	If you have selected the ACH Debit option, you MUST either attach a voided check OR a letter, on company letterhead, noting your Bank Transit Routing Number and Bank Account Number. <i>This information will be used only to verify bank account, transit and routing numbers.</i>	
BANK NAME:	_____		
BANK ACCOUNT NUMBER (not to exceed 17 digits):	_____		
TRANSIT AND ROUTING NUMBER: (not to exceed 9 digits):	_____		
TYPE OF ACCOUNT:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
Method of Communication: (Check One)	<input type="checkbox"/> Phone (Voice) <input type="checkbox"/> Phone (Touch Tone) <input type="checkbox"/> Web Payor PAYCALIFORNIA.COM/SCO		
_____	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
 You may fax the completed EFT-1 Form to (916) 464-6224 or mail a copy to
 State Controller's Office, Unclaimed Property Division, Attention: EFT Unit
 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.
 Fax to the California State Controller's Office at (916) 464-6224
 Or mail to the address shown on the front of this form.
 Retain a copy for your file before mailing.

Complete Section I

Complete All Applicable Fields

Complete Section II, III or IV:

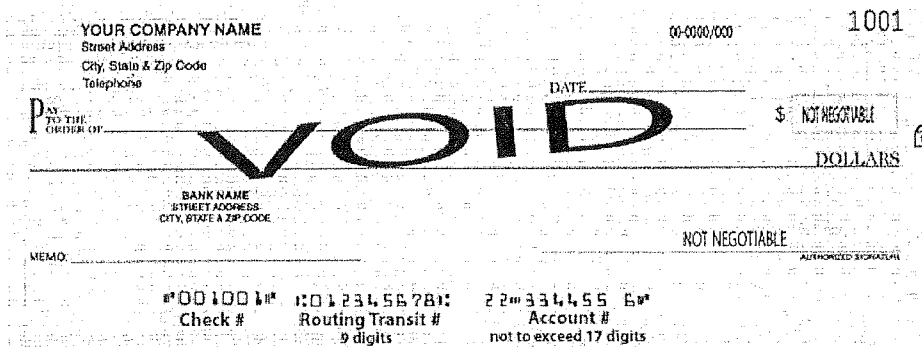
SECTION II ACH DEBIT

- This method allows you to transfer funds to the California State Controller's Office electronically by debiting an account you control in a financial institution for the amount that you report to the California State Controller's Office data collection service.
- You will have control of the transaction by using a personal security code of your choice.
- You will receive a reference number for your records that you can use to track the transfer.
- A REFERENCE NUMBER MUST BE NOTED ON YOUR UNCLAIMED PROPERTY REPORT FORM UFS-1 IN THE UPPER LEFT-HAND CORNER, OR ON ANY OTHER DOCUMENTS SUBMITTED.

Important: If you have selected the ACH Debit option, you **MUST** either:

- attach a voided check
OR
- a letter, on company letterhead, noting your Bank Transit Routing Number and Bank Account Number
This information will be used only to verify bank account, transit and routing numbers.

Sample Check: The example of a "voided" check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that is returned with the authorization agreement.



SECTION III ACH CREDIT

This method 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.
 EFT Remittance must be in NACHA CCD + format using the Tax Payment Convention (TXP) and may *only* be initiated to the California State Controller's Office

SECTION IV INTERNATIONAL FUNDS TRANSFER

This method allows you to originate a transaction utilizing the international electronic payment system to transfer funds through federal reserve banks, whereby the holder debits their own bank account and credits the California State Controller's Office Bank account.

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: _____
(Date)

Your method of remittance is:

ACH DEBIT
 ACH CREDIT
 INTERNATIONAL FUNDS TRANSFER

Unclaimed Property Division By: _____

SIGNATURE: _____ TITLE: _____ DATE: _____



Controller *John Chiang*

California State Controller's Office

Unclaimed Property Division

REGISTRATION FOR REMITTANCE BY FEDWIRE (SCO EFT-3)

Complete Section I Below:						Branch #	000000
Please Check Appropriate Boxes		<input type="checkbox"/>	New EFT Account				
		<input type="checkbox"/>	Change Remittance Method				
		<input type="checkbox"/>	Change Bank Account				
		<input type="checkbox"/>	Change in Holder Contact Information				
HOLDER INFORMATION							
FEDERAL EMPLOYER ID# (FEIN):		_____ - _____					
NAME							
ADDRESS							
CITY					STATE	ZIP	
UNCLAIMED PROPERTY HOLDER TYPE CODE	_____	PHONE	(_____) _____ - _____		EXT		
CONTACT INFORMATION - REPORT FILER							
NAME							
EMAIL							
PHONE	(_____) _____ - _____		EXT	FAX		(_____) _____ - _____	
Complete Section II Below:							
<p>This method allows the holder of Unclaimed Property to originate the transaction by utilizing the national electronic payment system to transfer funds through the federal reserve banks.</p> <p>The Unclaimed Property Division will provide the holder with the required banking information with the registration approval. The holder debits their bank account and credits the California State Controller's Office Bank account.</p> <p>YOU SHOULD REFERENCE THE DATE, DOLLAR AMOUNT, AND THE TRACKING NUMBER, IF AVAILABLE, OF YOUR FEDWIRE TRANSACTION ON YOUR UNCLAIMED PROPERTY REPORT FORM UFS-1 IN THE UPPER LEFT HAND CORNER OR ON ANY OTHER DOCUMENTS SUBMITTED.</p>							
SIGNATURE _____			TITLE _____			DATE _____	
FOR CALIFORNIA STATE CONTROLLER'S OFFICE USE ONLY							
<input type="checkbox"/>		Request Approved					
<input type="checkbox"/>		Request Denied					
Unclaimed Property Division By:							
SIGNATURE _____			TITLE _____			DATE _____	

For EFT assistance Call (916) 464-6220 or EMAIL updscoeft@sco.ca.gov
You may fax the completed EFT-3 Form to (916) 464-6224 or mail a copy to
State Controller's Office, Unclaimed Property Division, Attention: EFT Unit
P.O. Box 942850, Sacramento, CA 94250-5873

Report ID# (Remit Report Only)
Required

Notice Report Or **Remit Report**
 Due Before November 1 or Due Between June 1 and June 15 or
 Life Insurance Due Before May 1 Life Insurance Due Between December 1 and December 15
 Supplemental Notice Report (Properties not included on the Notice Report cannot be listed on the Remit Report and must be reported on a Supplemental Notice Report)

Section A—Holder Information			
FEIN	Branch Number	Report As of Date	Check Number / EFT Debit Ref Number (Remit Report Only)

Section B—Holder Contact Information		Holder Name	
Street Address			
P.O. Box Number	City	State	Zip Code
Country			
Contact Name (For report completion)	Title	Phone Number	Extension
E-mail Address			

Section C—Property Owner Contact Information		Holder Name	
Street Address			
P.O. Box Number	City	State	Zip Code
Country			
Contact Name	Title	Phone Number	Extension
E-mail Address			

Section D—Holder Agent Contact (If Applicable)		Agent Name	
Street Address			
P.O. Box Number	City	State	Zip Code
Country			
Contact Name (For report completion)	Title	Phone Number	Extension
E-mail Address			

Section E—Holder CEO/CFO		Name	Title
Address			
P.O. Box Number	City	State	Zip Code
Country			

Section F—Holder Report Totals		Total Reported/Remitted Dollars	Total Reported/Remitted Shares	Includes Safe Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No
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*Any Remittance of \$20,000.00 or more must be paid by Electronic Funds Transfer (EFT), pursuant to CCP Section 1532.

Section G - Holder Business Information	
Organization Type:	NAICS Code:
Incorporation State: Incorporation Date : / /	Charter: Federal <input type="checkbox"/> or State <input type="checkbox"/> Charter Date: / /

Section H— Demutualization Proceeds		<input type="checkbox"/> This report includes proceeds from the demutualization of an insurance company.
Date of Demutualization _____ <input type="checkbox"/> CCP Section 1515.5 (a) <input type="checkbox"/> CCP Section 1515.5 (b) <input type="checkbox"/> CCP Section 1515.5 (c)		

Section I— Transfer Agent (If Applicable)		Agent Name	
Street Address			
P.O. Box Number	City	State	Zip Code
Country			

Section J: Verification
 Section J - Verification If made by an individual, shall be verified by the individual; if made by a partnership, by a partner; if made by an unincorporated association or private corporation, by an officer; if made by a public corporation, by its chief fiscal officer or other employee authorized by the holder (CCP Section 1530(e)).
 The undersigned, _____ declares, under penalty of perjury, that, to the best of (his) (her) knowledge and belief, the following sheets contain a full, true, and complete report of unclaimed property which is presumed unclaimed under the provisions of Part 3, Title 10, Chapter 7, Code of Civil Procedure, commencing with Section 1500, and Title 2, California Administrative Code, Sections 1150 et seq. *The Undersigned also confirms that all properties not listed on the Remit Report, which were initially included on the Notice Report, were due to contact by the apparent owner, or the property being reactivated or returned to the rightful owner.*

Signature	Title	Date
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