

[Original Forms]

**AUTHORIZATION AGREEMENT FOR  
ELECTRONIC FUNDS TRANSFER (EFT)**

(See Instructions on Reverse Side)  
Please Check Appropriate Box(es):  
(Type or Print in Ink)

- New EFT Account
- Change EFT Remittance Method
- Change Bank Account
- Change in EFT Contact Person or Phone Number

**SECTION I**

EFT FEIN:	BRANCH #:	HOLDER TYPE CODE:
HOLDER NAME:		
HOLDER ADDRESS:		
EFT CONTACT:		BUSINESS PHONE:
		EFT CONTACT PHONE:

EFT FEIN:	BRANCH #:	
REMITTER NAME:		
REMITTER ADDRESS:		
EFT CONTACT:		BUSINESS PHONE:
		EFT CONTACT PHONE:

Complete Section II or III Below:

**SECTION II**

**ACH DEBIT**

This method allows you to transfer funds to the Office of the State Controller electronically by debiting an account you control in a financial institution for the amount that you report to the state's data collection service. You will have control through your personal security code of your choice. You will receive a reference number that will show transfer of money. THIS REFERENCE NUMBER MUST BE NOTATED ON FORM UFS-1 OR FORM UP27, WHERE INDICATED, AND RETAINED FOR YOUR RECORDS.

BANK NAME:	Method of Communication: (Check One)
BANK ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS):	<input type="checkbox"/> Telephone - Voice
	<input type="checkbox"/> Telephone - Touch Tone
TRANSIT AND ROUTING NUMBER:	<input type="checkbox"/> Personal Computer
TYPE OF ACCOUNT:	<input type="checkbox"/> Terminal
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> Mainframe Communication
SIGNATURE:	TITLE:                      DATE:
EFT CONTACT:	

**IMPORTANT:** If you have selected the ACH Debit option, you must attach a voided check for the account to be debited. Your voided check will verify bank account, transit and routing numbers.

**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 Office of the State Controller's bank account. These payments must be in NACHA CCD + format using the Tax Payment Convention (TXP) and may only be initiated for the EFT tax payments to the Office of the State Controller.

SIGNATURE:	TITLE:	DATE:

**INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM**

**GENERAL**

Please type or print clearly. Return to the Office of the State Controller at the address shown on the front of this form. Retain a copy for your file before mailing.

**SECTION I**

**HOLDER INFORMATION:** If the holder will be remitting unclaimed property, complete HOLDER INFORMATION only.

**REMITTER INFORMATION:** If you are an agent remitting on behalf of a single holder, complete HOLDER INFORMATION and REMITTER INFORMATION. If you are an agent remitting on behalf of more than one holder, complete REMITTER INFORMATION only.

**NAMES AND ADDRESSES:** Holder name is limited to seventy characters. Holder address is limited to sixty-five characters. Remitter name is limited to thirty characters. Remitter address is limited to sixty-five characters.

**EFT FEIN:** Enter your 9 digit EFT Federal Employer Identification Number.

**BRANCH #:** Enter your 5 digit branch number. If you do not have one, the SCO will provide you one for the purposes of EFT only.

**REMITTER TYPE CODE:** Enter your Remitter Type Code.

**SECTIONS II AND III**

COMPLETE *ONE* OF THESE SECTIONS:

Complete Section II if you select ACH Debit, Section III if you select ACH Credit. After making your decision, please check the appropriate box and complete every block of information for the method selected. For detailed information refer to the Electronic Funds Transfer Information Guide.

If the ACH Debit method is chosen, a voided check must be attached to the completed authorization agreement. Your voided check will verify bank account and transit routing numbers.

♦ 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 you return with the authorization agreement.

ABC BUSINESS	1044	
1234 Boomtown		(1) Routing Transit Number
Anytown, CA	19	(Required 9 digits)
Pay to the Order of	\$	(2) Bank Account Number
	DOLLARS	(Not to exceed 17 digits)
Anywhere Bank		(3) Check Number
U.S.A.		
Memo	Not Negotiable	
(1) 1:133404567 (2) 1:1234561304 111• (3) 1044		

**IMPORTANT INFORMATION**

1. Participation in the Electronic Funds Transfer program is mandatory if your remittance is \$20,000 or greater.
2. You will receive a confirmation letter from the Office of the State Controller (SCO) after approval of this agreement. The confirmation letter will include your electronic funds transfer start date. No electronic funds transfer payments should be attempted before this start date. All remittances due subsequent to this start date must be made through electronic funds transfer.
3. You will receive a confirmation notice from SCO identifying your change date if you request to be moved from one ACH payment method to another. You must continue making your unclaimed property remittance through Electronic Funds Transfer, through the ACH payment method in use at the time of your request, until you receive a confirmation letter from SCO confirming the new payment method and the effective date of the change.

AUTHORIZATION TO REMIT BY FEDWIRE  
OR INTERNATIONAL FUNDS TRANSFER AND  
REGISTRATION FORM  
(Type or Print in Ink)

SECTION I

EFT FEIN:										BRANCH #:						HOLDER TYPE CODE:		
HOLDER NAME:																		
HOLDER ADDRESS:																		
EFT CONTACT:															BUSINESS PHONE:			
															EFT CONTACT PHONE:			

EFT FEIN:										BRANCH #:					
REMITTER NAME:															
REMITTER ADDRESS:															
EFT CONTACT:												BUSINESS PHONE:			
												EFT CONTACT PHONE:			

HOLDER INFORMATION: If the holder will be remitting unclaimed property, complete HOLDER INFORMATION only.

NAMES AND ADDRESSES: Holder name is limited to seventy characters. Holder address is limited to sixty-five characters. Remitter name is limited to thirty characters. Remitter address is limited to sixty-five characters.

REMITTER INFORMATION: If you are an agent remitting on behalf of a single holder, complete HOLDER INFORMATION and REMITTER INFORMATION. If you are an agent remitting on behalf of more than one holder, complete REMITTER INFORMATION only.

SECTION II

Request is hereby made to remit by:

- Fedwire
- International Funds Transfer

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION III

- Request Approved. Please execute the enclosed Form SCO-EFT-1. Remitter is responsible for all costs associated with this type of remittance.
- Request Denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ALL INFORMATION MUST BE TYPED

EFT DEBIT REF. NO: \_\_\_\_\_ HOLDER TYPE CODE: \_\_\_\_\_ REMITTANCE TYPE: \_\_\_\_\_

ANNUAL REPORT OF UNCLAIMED PERSONAL PROPERTY  
AS OF 6/30/\_\_\_ (OR) FISCAL YEAR ENDING \_\_\_/\_\_\_/\_\_\_

DUE DATE

REPORT AND REMITTANCE DUE BEFORE NOVEMBER 1 (EXCEPTION: LIFE INSURANCE DUE BEFORE MAY 1)]

A. EMPLOYER IDENTIFICATION NO. \_\_\_ - \_\_\_\_\_ BRANCH NO. \_\_\_\_\_  
[SCO USE ONLY]

3. NAME OF HOLDER: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
P.O. BOX NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ COUNTRY: \_\_\_\_\_

ADDRESS INQUIRIES ON THIS REPORT TO:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_

2. THE FOREGOING ADDRESS IS THAT OF: MAIN OFFICE # \_\_\_\_\_ BRANCH # \_\_\_\_\_  
IF INCORPORATION, STATE OF INC: \_\_\_\_\_ DATE OF INC.: \_\_\_/\_\_\_/\_\_\_

1. TOTAL FOR ACCOUNTS:	\$50.00 AND OVER	\$ _____
	\$50.00 AND OVER WITHOUT NAMES	\$ _____
	\$49.99 AND UNDER	\$ _____
	GRAND TOTAL	\$ _____
	TOTAL SHARES	_____

TYPE OF ORGANIZATION SIC CODE: \_\_\_\_\_  
(FINANCIAL INSTITUTIONS, CHECK ONE AND PLEASE SUPPLY THE CHARTER DATE)

FEDERAL: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_ STATE: \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

IF YOU ARE THE SUCCESSOR TO A PREVIOUS HOLDER OF PROPERTY, OR IF YOU HAVE CHANGED YOUR NAME, PLEASE LIST SUCH PRIOR NAME BELOW:

IF YOU ARE REPORTING FOR A HOLDER OF UNCLAIMED PROPERTY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

REPORTING AGENCY: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ COUNTRY: \_\_\_\_\_

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 (Section 1530 (e) CCP).

I, 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 Chapter 7, Title 10, Part 3, Code of Civil Procedures -- commencing with Section 1500, and Title 2, California Administrative Code, Sections 1150 et seq.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR STATE CONTROLLER USE ONLY

ATTACHMENT

Yes No

# Boxes # of Diskettes  
 UCP Report Forms  
 Computer Printout # of Tapes

REPORT NO. \_\_\_\_\_

DEPOSIT NO. \_\_\_\_\_

DEPOSIT DATE \_\_\_\_\_

FOR STATE CONTROLLER USE ONLY

PLEASE NOTE -- SEND REMITTANCE  
 AND / OR STOCK TO:

STATE OF CALIFORNIA  
 OFFICE OF THE CONTROLLER  
 UNCLAIMED PROPERTY  
 P.O. BOX 942850  
 SACRAMENTO, CA 94250-5873

NAME AND ADDRESS OF HOLDER

11/01/98

REMITTANCE DUE BEFORE NOVEMBER 01, 1998

12% INTEREST PER ANNUM AS PROVIDED BY SEC 1577 UPL BEGINS TO ACCRUE 11/01/98

THIS REMITTANCE REQUEST IS NOT A WAIVER BY THE CONTROLLER OF THE RIGHT TO DEMAND  
 PAYMENT OF ADDITIONAL AMOUNTS WHICH MAY BE DUE TO THE STATE OF CALIFORNIA.

DESCRIPTION	AMOUNT	
	STOCK	REMITTANCE
AMOUNT REMITTED TO OFFICE OF THE CONTROLLER.....	_____	\$ _____
	<small>(extend to 3rd decimal place)</small>	

DATE \_\_\_\_\_, 19 \_\_\_\_\_ (SIGNED) \_\_\_\_\_ TITLE \_\_\_\_\_

IF YOU PAY A CLAIM AFTER AMOUNT HAS BEEN REMITTED TO THE OFFICE OF THE CONTROLLER  
 YOU MUST FILE PROOF OF PAYMENT BEFORE YOU CAN BE REIMBURSED. BE SURE TO VERIFY  
 THAT THE CONTROLLER STILL HOLDS THE FUNDS BEING CLAIMED FROM YOU.

REGISTER STOCK TO STATE CONTROLLER, STATE OF CALIFORNIA

- FORM UP 27 (REV. 02/98)
- ORIGINAL - TO SCO REPORT UNIT
- DUPLICATE - TO SCO ACCOUNTING UNIT
- TRIPPLICATE - TO SCO ACCOUNTING UNIT