STATE OF CALIFORNIA

ELECTRONIC FUNDS TRANSFER PROGRAM

INFORMATION GUIDE

REVISED, JANUARY 2019



DEPARTMENT OF INSURANCE

For EFT Assistance

If you have any questions regarding the California Department of Insurance's EFT Program, registration, or electronic funds payment transactions, please call (916) 492-3288 or write to the following address:

> California Department of Insurance Accounting Services Bureau Attn: Tax Accounting/EFT 300 Capitol Mall, Suite 14000 Sacramento, CA 95814

Or visit our website under "Insurers":

www.insurance.ca.gov

Or e-mail:

eft@insurance.ca.gov

TABLE OF CONTENTS

| I. | INTRODUCTION | 1 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| II. | PROGRAM PARTICIPATION | 2 |
| III. | PAYMENT OPTIONS Automated Clearing House (ACH) Debit Automated Clearing House (ACH) Credit Fedwire | 3 |
| IV. | REGISTRATION | 9 |
| v. | 7. GENERAL INFORMATION Assessment Notices Emergencies Penalties and Interest Charges Waiver of Penalties Tax Due Dates Weekends and Holidays Tracing an EFT Payment Zero Amount Due Filing Tax Return Payment Voucher | |
| VI. | APPENDIX A. ACH Debit Instructions Interactive Voice Response (IVR) (Phone) Script Making a Payment Payment inquiry on IVR Canceling a Payment Change a Security Code Web Online Payments Payment ACH Credit Instructions Payment Action Action Action Action Action Action | A-1 |
| | B. ACH Credit Instructions TXP Addenda Convention Record Layout TXP Definitions | B-1 |
| | C. Glossary of Terms and Acronyms D. Authorization Agreement for Electronic Funds Transfer Form CDI EFT 93-01 Instructions for Completing the EFT Authorization Agreement Form | C-1 D-1 |

I. INTRODUCTION

Beginning in January 1994, taxpayers have been able to make tax payments electronically rather than through the use of paper checks. Known as EFT payments (Electronic Funds Transfer), these payments are made by authorizing the transfer of funds from one account to another electronically. Such payments are initiated by telephone or through the use of a computer and modem.

With EFT payments, you may expect to benefit from the reduction of manual paper processing associated with it. You will also realize faster responses to your inquiries regarding the status of your tax payments, as well as cost reductions associated with check processing, postage, and reconciliation.

Background Electronic Funds Transfers have been used for many years by the federal government and private businesses. Direct deposit of social security payments and employees' wages are commonly made through EFT and many businesses use EFT to pay their suppliers for goods and services.

In 1988, Indiana became the first state to adopt an EFT payment program for its taxpayers. Since that time, the number of states implementing EFT programs for payment of state taxes has steadily increased.

With the passage of Senate Bill (SB) 467, (Chapter 473, Stats. 1991), California became the 24th state to implement EFT for the payment of state taxes. SB 467 required the Board of Equalization, the Employment Development Department, and the Franchise Tax Board to implement EFT programs to collect tax payments.

In 1993, Assembly Bill 2055 (Chapter 661, Stats.1993) authorized the California Department of Insurance (CDI) to implement EFT for collection of Premium Taxes, Surplus Line Taxes, Retaliatory Taxes, and Ocean Marine Taxes, effective January 1, 1994.

II. PROGRAM PARTICIPATION

MandatoryYou are required to participate in the EFT program if your annual
taxes for any one type of class of insurance exceed twenty thousand
dollars (\$20,000) per California Revenue Taxation Code, Section 12602,
and California Insurance Code, Section 1775.8 and 12976.5.

Once you are identified as a mandatory participant, <u>all</u> your future tax payments must be remitted by EFT regardless of the payment type, the payment amount, or the tax year.

- If you are not required to make tax payments through EFT you may Voluntary choose to do so on a voluntary basis by completing an Authorization **Participation** Agreement for Electronic Funds Transfer (Form CDI TAX EFT 93-01). If you do not have a copy of this form, visit our website at www.insurance.ca.gov, or you can request one by contacting CDI's Tax Accounting/EFT Desk at (916) 492-3288. or e-mail at eft@insurance.ca.gov. Once your Authorization Agreement for EFT is approved, we will mail you a letter confirming the payment method you selected and issue an EFT Taxpayer Identification Number TIN (account number). Your voluntary status will remain in place until either your request for withdrawal is approved, or your status changes to mandatory.
- PaymentIf you are mandated or voluntarily elected to pay by EFT, you areVoucherstill required to submit the tax payment voucher to the CaliforniaDepartment of Insurance to ensure that the tax payment is properly
applied.

Withdrawal From
ParticipationIf you are a mandatory participant in the EFT program and wish to
discontinue making EFT payments, send a written request and
include the reasons for the withdrawal from participation in EFT to CDI's
Tax Accounting/EFT Desk 30 days before your next due date. You are
required to continue participation in EFT until you are notified of the
approval by the Department.

If you are a voluntary participant in the EFT program and wish to discontinue making EFT payments, send a written request and include the reasons for the withdrawal from participation in EFT to CDI's Tax Accounting/EFT Desk **30** days before your next due date. You are encouraged to continue participation in this method of payment to ensure that your tax payments are properly recorded.

III. PAYMENT OPTIONS

There are two reporting methods for making ACH EFT payments:

- Automated Clearing House (ACH) Debit
- Automated Clearing House (ACH) Credit

As their names indicate, both transactions are processed through the Automated Clearing House (ACH) system.

The differences between the two methods are explained in this section so you can select the payment method you prefer. After you decide on a payment method, you must complete an Authorization Agreement for Electronic Funds Transfer (Form CDI 93-01). This form is located at Chapter VI, Appendix D. See Chapter IV for more information on how to register for EFT.

AUTOMATED CLEARING HOUSE (ACH DEBIT)

- **Definition** The ACH Debit method allows you to initiate the transfer that electronically debits an account you control for the amount(s), which you report to the State's data collection service. Your account will be debited only upon your initiation and for the amount you specify.
- *Costs* You will be responsible for any fees, if any, that your financial institution may charge you for the actual transfer of funds.
- **Prenote Test** When you add the bank routing number and the specific bank account you want debited to pay your taxes into the State's data collection payment website at www.govone.com/PAYCAL, the data collector will then initiate a prenote (prenotification) test. The prenote is a zero dollar transaction to your account to verify the bank information you provided. This test must be processed at least 10 business days prior to your first EFT payment.

CommunicationYou can choose one of the following methods to contact the State's
data collection service:

- Telephone (voice operator assisted or touch tone)
- Personal or mainframe computer

How To ReportTo make an ACH Debit payment, call the State's data collectionA Paymentservice at the toll-free number (1-800-554-7500). When you call, you will
be asked to provide the following information:

- EFT Taxpayer Identification Number (TIN)
- Security Code
- Tax Type Code
- Tax Due Date
- Payment Amount
- Date Your Bank Account Will Be Debited (Warehousing)

EFT Taxpayer Identification Number. This is your 8-digit numeric EFT Taxpayer Identification Number (TIN). The California Department of Insurance will assign this number to you when you set up your EFT account. This EFT TIN will be validated by the State's data collection service and will direct your tax payment to the proper taxpayer account. Your EFT TIN is your identification number for your tax payments. Your California Department of Insurance permanent number and/or license number will remain the same.

Security Code. Once EFT information is entered into CDI's computer and transmitted to the State's data collection service, you are then assigned a temporary generic security code. Before you report your first payment, you must call the State's data collection service voice operator at 1-800-554-7500 and change the generic code to a four-digit numeric code of your choice. This will be your security code when reporting each payment thereafter via telephone. Changing your security code will ensure that outside parties do not have access to your security code. Your security code is not shared with the California Department of Insurance and you may change your code at any time. If you lose or forget your security code, contact the State's data collection service at 1-800-554-7500. For web payments (at www.govone.com/PAYCAL), you will need to use the temporary generic security code to log on in order to establish your username and password during your first visit.

CDI does not have access to your bank account without your authorization. The ACH Debit method can only be initiated by using your EFT Taxpayer Identification Number (TIN) along with your unique security code for telephone payments and using your username and password for web payments. Funds can only be transferred to the State's bank account at your request. *Tax Type Code.* This code is used to identify the type of tax payment being made. Only one tax type code can be used for each tax payment transaction. The California Department of Insurance uses the following codes:

- 07130 Premium Tax Annual
- 07131 Premium Tax Prepayment (Quarterly)
- 07133 Retaliatory Tax
- 07134 Ocean Marine
- 07150 Surplus Line Tax Annual
- 07153 Surplus Line Tax Installment (Monthly)

Tax Due Date. This is the *due date* of the tax you are reporting. This information must be given in MMDDYY format, whereby the YY can be current, prior or next year only. Please refer to the list of tax due dates under Chapter V, "General Information".

Payment Amount. The payment amount will be entered in dollars and cents. The maximum amount allowed for any one transaction is \$99,999,999.99.

Date Your Bank Account Will Be Debited (Warehousing). You can specify what date you would like your bank account to be debited. This date is to be entered in the MMDDYY format. This entry has a maximum range of 90 days from the date you are calling in your payment. Please make sure that the date you specify for your bank account to be debited is not a weekend or observed holiday. After you have reported your payment, you will be provided a confirmation number that will validate your payment. Keep this confirmation number for your records.

If you will be making your payment from outside of the United States, call CDI's Tax Accounting/EFT Desk at (916) 492-3288, or e-mail at <u>eft@insurance.ca.gov</u> for assistance.

When To ReportFor an electronic tax payment to be timely, the transferred funds mustA PaymentFor an electronic tax payment to be timely, the transferred funds mustsettle into the California Department of Insurance's bank account by the
first banking day following the tax due date. To ensure that your funds
settle timely into CDI's account, you must call the State's data collection
service on or before the tax due date.

You can call the State's data collection service at any time to report your payment. The service is available 24 hours a day, year round. **If you call**

on the tax due date, you must allow enough time to complete your call by 3:00 p.m. Pacific Time. Otherwise, your payment will not be initiated until the next business day and will be considered late.

Cancellations,
Corrections,
And Inquiries
You may cancel, correct, or inquire about a reported transaction if you call the State's data collection service voice operator before 3:00 p.m. Pacific Time the same day the transaction was reported. If you have reported the wrong information to the State's data collection service and missed the 3:00 p.m. Pacific Time deadline for correcting the entry, call CDI's Tax Accounting/EFT Desk at (916) 492-3288 or e-mail at eft@insurance.ca.gov for assistance.

AUTOMATED CLEARING HOUSE (ACH CREDIT)

- *Definition* The ACH Credit method allows you to transfer funds by instructing your financial institution to debit your account and credit the California Department of Insurance's bank account.
- *Costs* You must pay the fees charged by your financial institution for any set-up costs and for each ACH Credit transaction initiated.
- Record Format
 Your financial institution will debit your account and credit the California Department of Insurance's bank account through the Automated Clearing House network. In order to report your tax payment correctly, your financial institution must originate your payment using the Cash Concentration or Disbursement plus Tax Payment Addendum (CCD+/TXP) format. This is the standard format that has been adopted for tax payments by the National Automated Clearing House Association (NACHA) and endorsed by the Federation of Tax Administrators.

Before selecting the ACH Credit method, you should check with your financial institution to confirm that they can originate an ACH Credit transaction in the required record format.

How To ReportSince your financial institution will originate your payment, youA Paymentshould contact them for specific procedures to follow.

At the time you contact your financial institution to report your payment, you must provide them with the filing information required to complete the ACH CCD+/TXP records (such as the tax amount and tax due date). The free form portion of the TXP Addenda Record is shown in the TXP Addenda Convention Layout provided in Appendix B-1.

If you choose the ACH Credit method, we will mail you the California Department of Insurance's EFT bank account and transit/routing number.

You must provide this information to your financial institution before you report your first EFT payment.

If you are making a payment to more than one California State Department, it is important to note that each tax department has its own bank account number and requests different information for the "free form area" of the Tax Payment (TXP) Addenda Record. Although the actual addenda formats for each department may look similar, the information requested is different.

When To ReportTo be timely, your tax payment must settle into the CaliforniaA PaymentDepartment of Insurance's bank account by the first banking day
following the tax due date. You must check with your financial
institution to determine when you should originate your payment so that it
will settle in CDI's account on time.

You should also check with your financial institution to ensure that they are open for business the day you plan to originate your payment through the ACH network.

The State cannot guarantee timely settlement for an ACH Credit transaction.

- *Corrections* If you choose the ACH Credit method and discover you have reported erroneous information, you must contact your financial institution for assistance. You are responsible for any errors in reporting or transmitting an ACH Credit transaction.
- **Prenote Test** It is **strongly** recommended that your financial institution conduct a prenote (prenotification) test to validate the California Department of Insurance's bank account and routing/transit number. This test uses a zero-dollar amount and must be made at least 30 days prior to your initial EFT tax payment.

FEDWIRE (Prior Written Approval from Department Only)

- **Definition** A Fedwire payment is a wire transfer system used generally to transfer large dollar amounts instantaneously provided by the U.S. Federal Reserve System.
- Prior WrittenThe California Department of Insurance requires written requestApprovalfrom taxpayers to use the Fedwire method for payment of insurance taxes.
California Department of Insurance will notify you in writing if your
request to use the Fedwire method has been approved. The use of
Fedwire for payment of insurance taxes is for emergency use only.

If you do not receive prior written approval from the California Department of Insurance and use the Fedwire method to make your insurance tax payment, you will be assessed a ten percent penalty on the amount paid per California Revenue and Taxation Code, Section 12602 (c)(1) and California Insurance Code, Sections 1775.8 (c)(1) and 12976.5 (c)(1).

How To ReportSince your financial institution will originate your payment, youA Paymentshould contact them for specific procedures to follow.

When you contact your financial institution for specific procedures, you should include the following information for the Fedwire transfer:

- Taxpayer's Name
- EFT Taxpayer Identification Number (TIN)
- Tax Type Code
- Tax Due Date
- Payment Amount
- California Department of Insurance Bank Account Number
- California Department of Insurance ABA Number

IV. REGISTRATION

| How To Register | To register to participate in the EFT program (as a mandatory or voluntary participant), you must complete the Authorization Agreement for EFT (Form CDI TAX EFT 93-01) and submit to CDI for approval 30 days before you make the first EFT payment. If you do not have a copy, visit our website at <u>www.insurance.ca.gov</u> , or you can request one by contacting CDI's Tax Accounting/EFT Desk at (916) 492-3288, or e-mail at <u>eft@insurance.ca.gov</u> . | | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | ACH Debit or ACH Credit. If you register for the ACH Debit method, you will be asked to complete Section I and Section II, sign and date at the bottom of the form. After whave received and reviewed the completed agreement form, we will not you confirming your EFT account and EFT Taxpayer Identificati Number (TIN). You must then go to <u>www.govone.com/PAYCAL</u> and add your payme information which includes your bank account number and routing tran number during registration at the first time. | | |
| | If you select the ACH Credit method, you will be asked to complete Section I and Section III, sign and date at the bottom of the form. We will confirm your enrollment once approved This information is maintained in our computer only for future mailings of information on EFT. <i>Please allow 30 days for the processing of the authorization agreement.</i> | | |
| Changing Registration Information | The following changes to your EFT account must be made using the Form CDI 93-01: Change in payment methods (ACH Debit & ACH Credit) Change address or EFT contact person (all taxpayers) Change of taxpayer's name | | |

V. GENERAL INFORMATION

| Assessment Notices | Assessment notices are not part of the Electronic Funds Transfer Program. Do not make payments by EFT for invoices received from the California Department of Insurance for penalty assessments. These payments must be made by check, payable to the State Controller's Office. |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emergencies | If there is a problem with making payments using the ACH Debit method, contact the California Department of Insurance Tax Accounting/EFT Desk at (916) 492-3288 or e-mail at eft@insurance.ca.gov. |
| | If you use the ACH Credit method, contact your financial institution. |
| Penalties And Interest Charges | Penalty and interest charges cannot be made through EFT. You will be assessed separately by the California Department of Insurance with instruction to pay the State Controller's Office |
| | Late Payment If your payment is not timely, you will be assessed a ten percent penalty, plus interest on the amount due per California Revenue and Taxation Code, Section 12258, and California Insurance Code Section 1775.4(e) and 1775.5(c) (1). |
| | Failure to Pay Taxes by EFT If you are required to pay taxes through EFT, you must continue to participate in the EFT program unless the California Department of Insurance advises you in writing that you are no longer required to do so. If you do not pay taxes through EFT and use another method to pay (for example, if paid via Fedwire-without CDI's prior approval or payment by check), you will be assessed a ten percent penalty on the amount due per California Revenue and Taxation Code, Section 12602 (c)(1), and California Insurance Code, Section 1775.8(c)(1). |
| Waiver Of Penalties | If you have received an assessment notice from the California Department of Insurance for the penalties listed below, you may request to be relieved of the penalties if you believe the assessment is incorrect or if the non-compliance is due to a reasonable cause or circumstance beyond your control and occurred notwithstanding the exercise of ordinary care and in the absence of willful neglect |
| | Non-compliance of the timeliness requirement: <u>Insurers and Medi-Cal Managed Care Plans</u>, your request for waiver of penalties must be submitted in writing to the Board of Equalization, |

Excise Tax Division, 450 N Street, MIC-56, Sacramento, CA 95814 and must contain a statement under penalty or perjury setting forth the facts upon which the claim for relief is based pursuant to California Revenue and Taxation Code Section 12636.

• <u>Surplus Line Brokers</u>: Pursuant to California Insurance Code Sections 1775.4(e) and 1775.5(c) (2), your request for waiver of penalties must be submitted in writing to the California Department of Insurance, Premium Tax Audit Bureau 300 South Spring Street, 13th Floor, Suite 13090, Los Angeles, CA 90013, Attention to David Okumura

Non-compliance of the required payment method:

Insurers, Surplus Line Brokers and Medi-Cal Managed Care Plans: your request for waiver of penalties must be submitted in writing to the California Department of Insurance, Premium Tax Audit Bureau 300 South Spring Street, 13th Floor, Suite 13090, Los Angeles, CA 90013, Attention to David Okumura and must contain a statement under penalty of perjury setting forth the facts upon which the claim for relief is based, pursuant to California Revenue and Taxation Code Section 12602(c)(3) and California Insurance Code Sections 1775.8(c)(3),

There is no provision in the California Insurance Code or California Revenue and Taxation Code that permits the waiving of interest assessments.

Tax Due DatesUnder EFT reporting, a payment is considered to be timely if the
transferred funds settle into the California Department of Insurance's bank
account by the first banking day following the tax due date.

You will need to determine the date when you must initiate your payment so that it will settle in CDI's bank account on time. When you should call to report your payment will depend on the payment method you have selected.

ACH Debit and ACH Credit taxpayers are reminded to check with your financial institution regarding its requirements for timely payments. Some financial institutions require a twenty-four hour lead time.

Tax Due Dates for Insurers and Medi-Cal Managed Care Plans that Pay on an Annual and Quarterly Basis:

| Reporting Period | Tax Due Date * |
|------------------------------------|----------------|
| Annual Payment and Retaliatory Tax | April 1 |
| 1 st Quarter Payment | April 1 |
| 2 nd Quarter Payment | June 1 |
| 3 rd Quarter Payment | September 1 |
| 4 th Quarter Payment | December 1 |

Ocean Marine

| Tax Due Dates for Surplus Line Brokers that Pay on a Monthly and |
|------------------------------------------------------------------|
| Annual Basis: |
| |

| | Reporting Period (Business Transacted on) January February March April May June July August September October November Annual Payment (including December) | Tax Due Date *April 1May 1June 1July 1August 1September 1October 1November 1December 1January 1February 1March 1 | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--|
| Weekends And | If your tax due date falls on a weekend or holida | y (national or state), the | |
| Holidays | tax due date will move to the next banking day and your tax payment must settle into the California Department of Insurance's bank account by the first banking day following the tax due date. | | |
| | When making your payment, you must indicat Refer to the "Tax Due Dates" section for more info | 1 01 | |
| | The following holidays are recognized by the State | e of California: | |
| | News Year's Day Martin Luther King Jr. Day President's Day Cesar Chavez Day * Memorial Day Independence Day Labor Day Veteran's Day Thanksgiving Day Day after Thanksgiving * Christmas Day *All holidays above are recognized by the U.S. | Federal Reserve System | |

except Cesar Chavez day and the day after Thanksgiving.

All ACH Credit taxpayers should check with their financial institution regarding its schedule for processing a transfer.

| Tracing An EFT Payment | On occasion it may be necessary to trace a tax payment to establish that the payment was reported to the State's data collection service (ACH Debit) or was originated by a financial institution (ACH Credit). | |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | If you are using the ACH Debit method, the State's data collection service will provide you with a reference number. The reference number will indicate the date you reported your payment. This number will also enable CDI's bank to trace your transaction. | |
| | If you are using the ACH Credit method, you will be responsible for obtaining the necessary information to trace the transaction. Contact your financial institution for documents showing the actual transfer of funds. | |
| Zero Amount Due | If you have agreed to make your tax payments through EFT, all tax payments must be by EFT and your tax return must be filed timely. If you have no tax payment to report, you do not need to report a "zero" payment through EFT, however you must file your payment voucher and tax return on a timely basis. | |
| Filing Tax Return | Whether you choose the ACH Debit or ACH Credit method of tax payment, you must continue to file your tax return on a timely basis. The reporting due dates and filing requirements have not changed. | |
| Payment Voucher | If you are a mandatory or voluntary EFT participant, the following rules apply in regards to the payment voucher: | |
| | Insurers and Medi-Cal Managed Care Plans are required to submit the payment voucher on a quarterly basis, regardless of the method, or the amount of payment (including zero amount due). Surplus Line Brokers are required to submit the payment voucher on a monthly basis, regardless of the method, or the amount of payment (including zero amount due). | |
| | Submission of the payment voucher <i>does not</i> relieve you of making your monthly or quarterly tax payments through EFT on a timely basis in accordance with the due dates established. | |
| Reversal | NACHA rules governing EFT payments allow for an originator of a | |

Entries

duplicate or erroneous payment to initiate a reversal entry. **Please note**: If you have a need to initiate a reversal entry, please contact the CDI Accounting Services Bureau for assistance.

VI. APPENDIX

- A. ACH DEBIT INSTRUCTIONS
- B. ACH CREDIT INSTRUCTIONS
- C. GLOSSARY OF TERMS AND ACRONYMS
- D. AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER FORM CDI EFT 93-01

ACH DEBIT INSTRUCTIONS

The following pages explain what information you will need to report your EFT tax payment transaction. We have provided sample scripts of the questions that will be asked for both voice and touch tone telephone communications.

Before You Call The following information is needed before initiating your ACH Debit transactions:

- **EFT Taxpayer Identification Number (TIN).** This is your California Department of Insurance assigned EFT Taxpayer Identification Number, specifically assigned to you for reporting your tax payments. This EFT TIN is for making tax payments through EFT and does not affect your CDI permanent number or your license number.
- Security Code. This is the 4-digit security code you have created for accessing the ACH network.
- **Tax Type Code.** The tax type code identifies the type of tax payment you are making.
- **Tax Due Date.** Indicates the tax due date for which you are reporting. See "Tax Due Dates" section for more information. This information must be given in MMDDYY format for touch tone telephone and computer entries.
- **Payment Amount.** Indicate the total dollars and cents.

• Date your Bank Account Will Be Debited. Indicates the date you would like the State's data collection services to debit your bank account for the tax payment. This information must be given in MMDDYY format for touch tone telephone and computer entries. The date can be as many as 90 days in advance of the date you want your bank account debited. Please make sure that the date you specify for your bank account to be debited is not a weekend or observed holiday.

ACH DEBIT INSTRUCTION

INTERACTIVE VOICE RESPONSE (IVR)

The following is a sample script of an ACH debit IVR payment reported to the State's data collection service using your telephone.

Steps 1 through 7 are the same for all IVR calls.

UNIVERSAL RESPONSE CONDITIONS (that may occur at any given field):

a. three invalid entries: Due to data errors, you are being transferred to an operator. The operator will assist you from the beginning of the transaction. Please hold while you are transferred.....(*hold for operator assistance*).

b. ARU/Host error: A system error has been encountered. Please hold while you are transferred to an operator for assistance.

Step 1.

Dial: 1-800-554-7500.

System: Welcome to the California EFT telephone payment system.

To continue in English, press 1. Para oír las opciones para BOE en español, <u>oprima</u> 2. To transfer to a customer service representative, press "0".

Caller:

| Response Conditions: | | |
|----------------------|-----------------------------------------------|--|
| a. Press 1: | Continue through system. | |
| b. Press 2: | Continue to BOE Spanish IVR script | |
| [CA_EFTS_ | BOE_IVR_SCRIPT – Spanish] | |
| c. No response: | Transferred to operator. | |
| d. >1 position: | You entered too many digits [prompt repeated] | |
| e. Invalid Entry: | Invalid response [prompt repeated] | |
| | | |

Step 2.

System: Please listen to this menu <u>carefully</u> as the options have changed. (temporary for 1 year)

Step 3.

System: For BOE press '1'. For EDD press '2'. For FTB press '3'. For CDI press '4'. For SCO press '5', For STRS press '6'. For CPUC press "7". *Caller:*

| Response | Conditions: |
|----------|-------------|
| | |

| a. | > 1 position: | You entered too many digits(prompt repeated) | | |
|----|----------------------|----------------------------------------------|--|--|
| b. | No response/Skipped: | This field is required(prompt repeated) | | |
| с. | Invalid Entry: | Invalid response(prompt repeated) | | |

Step 4.

System:

Agency Name List

_

1: <Board of Equalization>

- 2: <Employment Development Department>
- 3: <Franchise Tax Board>
- 4: <California Department of Insurance>
- 5: <State Controller's Office>
- 6: <State Teachers Retirement System>

Caller:

| Response Conditions: | | | |
|----------------------|----------------------|----------------------------------------------|--|
| a. | 1: | Proceed to Step 5. | |
| b. | 2: | Step 3 repeated. | |
| с. | > 1 position: | You entered too many digits(prompt repeated) | |
| d. | No response/Skipped: | This field is required(prompt repeated) | |
| e. | Invalid Entry: | Invalid response(prompt repeated) | |

Step 5.

System: Enter your <Agency Defined>.

Agency Defined List

Board of Equalization: <BOE Account Number> {7-9 digits}

Employment Development Department: <8-digit EDD Employer Account Number> {8 digits} Franchise Tax Board: < FTB Entity Identification Number> {7 digits}

California Department of Insurance: <8-digit EFT Taxpayer ID Number> {8 digits} State Controller's Office: <9-digit Federal Employer Identification Number> {9 digits} State Teachers Retirement System: < CalSTRS 5-digit Employer Code> {5 digits}

Caller: _____#.

| Response Conditions: | | | |
|----------------------|-------------------------|---------------------------------------------------|--|
| a. | > x positions: | You entered too many digits(prompt repeated) | |
| b. | < x positions: | You did not enter enough digits(prompt repeated) | |
| с. | No response/Skipped: | This field is required(prompt repeated) | |
| d. | Invalid Entry: | Invalid response. (prompt repeated) | |
| e. | Invalid Account Number: | This account number is not valid(prompt repeated) | |

System:You entered _____. Press '1' to accept, or '2' to correct and re-enter.Caller:1

Response Conditions:

| а. | > 1 position: | You entered too many digits(prompt repeated) |
|----|----------------------|----------------------------------------------|
| b. | No response/Skipped: | This field is required(prompt repeated) |
| с. | Invalid Entry: | Invalid response(prompt repeated) |

Step 6.

System: Enter your 4-digit security code. If you do not have or do not know your 4-digit security code, press for operator assistance. Otherwise, please enter your 4-digit security code now. *Caller*: ____#

| Response Conditions: | | | | |
|----------------------|------------------------|-------------------------------------------------------------|--|--|
| a. | > 4 positions: | You entered too many digits(prompt repeated) | | |
| b. | < 4 positions: | You did not enter enough digits(prompt repeated) | | |
| с. | No response/Skipped: | This field is required(prompt repeated) | | |
| d. | Invalid Security Code: | Security code entered is invalid. Please enter your correct | | |
| security code. | | | | |

| | e. "*" for custome | Too Many Errors: | Security code was disabled because of too many errors. Press |
|----|-----------------------|------------------------------|--------------------------------------------------------------|
| IJ | <u> </u> | i assistance. | |
| | f. | Default Security Code: | You have entered a temporary security code. You will need to |
| | change your sec | urity code to continue. (Rou | ute to change security code menu) |
| | | | |

Step 7.

| System: | To make a payment press '1'. |
|---------|-----------------------------------------|
| | To inquire about a payment, press '2' |
| | To cancel a payment, press '3' |
| | To change your security code, press '4' |
| | To hear the selections again, press '5' |
| | For operator assistance, press *** |
| Caller: | |

| Response Cond | Response Conditions: | | | |
|---------------|----------------------|----------------------------------------------|--|--|
| a. | 1: | Route payment module | | |
| b. | 2: | Route to inquiry module | | |
| с. | 3: | Route to cancellation module | | |
| d. | 4: | Route to change security code module | | |
| e. | 5: | Step 7 | | |
| f. | 0: | Route to Customer Service Representative | | |
| g. | > 1 positions: | You entered too many digits(prompt repeated) | | |
| h. | No response/Skipped: | This field is required(prompt repeated) | | |
| i. | Invalid Entry: | Invalid response(prompt repeated) | | |

Depending on what they select to do at Step 7, go to the next script.

MAKING A PAYMENT

| Caller: | 1#. |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step 8 . <i>System</i> : You have selected to make a payment. | |
| | To pay your Annual Premium Tax press '1', for your Quarterly Premium Tax press '2', for your Retaliatory Tax press '3', for your Ocean Marine Surplus Tax press '4', for your Annual Surplus Line Tax press '5', and for your Installment Surplus Line Tax press '6'. |
| Caller: | _#. |
| | |

| Response Conditions: | | | | |
|----------------------|----------------------|----------------------------------------------|--|--|
| a. | > 1 positions: | You entered too many digits(prompt repeated) | | |
| b. | No response/Skipped: | This field is required(prompt repeated) | | |
| с. | Invalid Entry: | Invalid response (prompt repeated) | | |
| | | | | |

System: You selected ______. Press '1' to accept, or '2' to correct and re-enter.

| Response Conditions: | | | |
|----------------------|----------------------|----------------------------------------------|--|
| a. | 1: | Step 9 | |
| b. | 2: | Step 8 | |
| с. | > 1 positions: | You entered too many digits(prompt repeated) | |
| d. | No response/Skipped: | This field is required(prompt repeated) | |
| e. | Invalid Entry: | Invalid response (prompt repeated) | |

System: Enter your tax due date. (MMDDYY).

Caller: _____# (Respond in month, day, year format, MMDDYY. For example, June 30, 2009 would be entered as "063009".)

| Response Con | ditions: | |
|----------------|---------------------------|----------------------------------------------------------------|
| a. | >6 positions: | You entered too many digits(prompt repeated) |
| b. | <6 positions: | You did not enter enough digits(prompt repeated) |
| с. | Invalid date: | The date must be entered in MMDDYY sequence(prompt |
| repeated) | | |
| d. | Quarter Error: | Quarter ending date entered is invalid. Please enter a quarter |
| ending date | | |
| e. | >+5 months | Tax period end date entered is beyond your allowed range. |
| Please enter a | date closer to today's da | |
| f. | >-12 months | Tax period end date entered is beyond your allowed range. |
| Please enter a | date closer to today's da | |

System: You entered _____. Press '1' to accept, or '2' to correct and re-enter.

Caller:

| Response Conditions: | | | |
|----------------------|----------------------|----------------------------------------------|--|
| a. | 1: | Step 10 | |
| b. | 2: | Step 9 | |
| с. | > 1 positions: | You entered too many digits(prompt repeated) | |
| d. | No response/Skipped: | This field is required(prompt repeated) | |
| e. | Invalid Entry: | Invalid response (prompt repeated) | |

Step 10

System: Enter your tax amount, in dollars and cents, followed by the pound key. For example, if your payment is one hundred and thirty dollars and no cents, you would enter one, three, zero, zero, zero followed by the pound key.

Caller: *\$_____*#

| Response Conditions: | | | | |
|----------------------|----------------------|----------------------------------------------|--|--|
| a. | >10 positions: | You entered too many digits(prompt repeated) | | |
| b. | No response/Skipped: | This field is required(prompt repeated) | | |
| с. | Invalid Entry: | Invalid response (prompt repeated) | | |

System: You entered ______dollars and _____cents. Press '1' to accept, or '2' to correct and re-enter.

Caller: _

| Response Conditions: | | | |
|----------------------|----------------------|----------------------------------------------|--|
| a. | 1: | Step 11 | |
| b. | 2: | Step 10 | |
| с. | > 1 positions: | You entered too many digits(prompt repeated) | |
| d. | No response/Skipped: | This field is required(prompt repeated) | |
| e. | Invalid Entry: | Invalid response (prompt repeated) | |
| | | | |

Step 11

System:Enter the date you would like your bank account debited (MMDDYY).Caller:_____#.

| Response Conditions: | | |
|----------------------|---------------|--------------------------------------------------|
| a. | >6 positions: | You entered too many digits(prompt repeated) |
| b. | <6 positions: | You did not enter enough digits(prompt repeated) |

| c. No response/Skipped: This field is required(prompt repeated) | | | | | |
|--------------------------------------------------------------------------------------------------------------|-----|--|--|--|--|
| d. Invalid date: The date must be entered in MMDDYY sequence(prompt repeated) | | | | | |
| e. Before 3:00 pm PT, Date Range error ($<$ current date + 1 or > 90 days): For payments | | | | | |
| entered before 3:00 pm Pacific Time, the Bank account debit date must be at least one business day after t | he | | | | |
| current date and no more than 90 calendar days in the future(prompt repeated) | | | | | |
| f. After 3:00 pm PT, Date Range error ($<$ current date $+ 2$ or > 91 days): For payments | | | | | |
| entered after 3:00 pm Pacific Time, the Bank account debit date must be at least two business days after the | ne | | | | |
| current date and no more than 91 calendar days in the future(prompt repeated) | | | | | |
| g. Weekend/Holiday: Bank account debit date entered is invalid. Please enter a dat | te | | | | |
| that is not a weekend or bank holiday | | | | | |
| | | | | | |
| g. Current date: Debit date cannot be the current date and must be further into the future. Plea | ise | | | | |
| enter a valid banking date. | | | | | |
| h. Weekend/Holiday: Bank account debit date entered is invalid. Please enter a dat | te | | | | |
| that is not a weekend or bank holiday | | | | | |
| | | | | | |

System: You entered (ie. July 31, 2009). Press '1' to accept or '2' to correct and re-enter. Caller: $_$

| Response Conditions: | | | | |
|----------------------|----------------------|----------------------------------------------|--|--|
| a. 1: Step 12. | | Step 12. | | |
| b. | 2: | Step 11. | | |
| с. | >1 position: | You entered too many digits(prompt repeated) | | |
| d. | No response/Skipped: | This field is required(prompt repeated) | | |
| e. | Invalid Entry: | Invalid response (prompt repeated) | | |
| f. | Duplicate Payment: | Step 11a | | |

Step 11a

System: A duplicate tax payment has been found. To continue and allow the duplicate press '1'; To cancel payment press '2'.

Caller: _

| Response Conditions: | | | | |
|----------------------|----------------------|----------------------------------------------|--|--|
| a. | a. 1: Step 12 | | | |
| b. | 2: | Step 13 | | |
| с. | > 1 positions: | You entered too many digits(prompt repeated) | | |
| d. | No response/Skipped: | This field is required(prompt repeated) | | |
| e. | Invalid Entry: | Invalid response (prompt repeated) | | |

Step 12

System: Tax report accepted. Your reference number is _____. Repeating, your reference number is _____.

Please record this number for your records

_

Step 13

System: To make another payment or perform another function, press '1'. To disconnect, press '2'.

Caller:

| Response Conditions: | | | | |
|----------------------|----------------------|-------------------------------------------------------------|--|--|
| a. | a. 1: Step 7 | | | |
| b. 2: | | Thank you for using the California EFT System. (disconnect) | | |
| с. | No response/Skipped: | This field is required(prompt repeated) | | |
| d. | Invalid Entry: | Invalid response. | | |

PAYMENT INQUIRY ON IVR

| Caller: | 2 | | |
|----------------------|-----------------------------------------------------------------------------------------------|------------------------------------------|--|
| Step 8 | | | |
| System:: | You have selected to make a | payment inquiry. | |
| | Do you have the reference number of the payment you want to inquire about? If yes, press '1'. | | |
| | If not, press '2'. | | |
| Caller: | _ | | |
| Response Conditions: | | | |
| | a. 1: | go to step 9 | |
| | b. 2: | Route to Customer Service Representative | |
| | c. No response/Skipped: | This field is required(prompt repeated) | |

Invalid response.

Step 9

System: Enter the reference number of the payment you wish to inquire about.

Caller: ____#

d. Invalid Entry:

| Response Conditions: | | | | |
|------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------|--|--|
| a. no match: Cannot find reference number entered(pr | | Cannot find reference number entered(prompt repeated) | | |
| b. | < required digits: | Your reference number is too short(prompt repeated) | | |
| с. | >required digits: | Your reference number is too long(prompt repeated) | | |
| | No response/Skipped: Invalid Entry: | This field is required(prompt repeated) Invalid response(prompt repeated) | | |

System: For Scheduled Status payments: "Reference number <reference # value> for <dollar amount> dollars and <cent amount> cents, was reported on <payment submission date & time PT> and is scheduled for a debit date of <scheduled date (debit date)>."

or

For <u>Submitted</u> Status payments: "Reference number <reference # value> for <Dollar amount> dollars and <Cent amount> cents, reported on <payment submission date & time PT> was submitted on <Last update date (one banking day prior to debit date)> for a debit date of <debit date>."

or

For <u>Paid</u> Status payments: "Reference number <reference # value> for <Dollar amount> dollars and <Cent amount> cents, reported on <payment submission date & time PT > was paid on <debit date>."

or

For <u>Canceled</u> Status payments: "Reference number <reference # value> for <Dollar amount> dollars and <Cent amount> cents, reported on <payment submission date & time PT > was canceled on <Last update date (the date user canceled payment)>."

Step 10

System: To make a payment or perform another function, press '1'. To disconnect, press '2'. *Caller:*

| Response Cond | Response Conditions: | | |
|-----------------|----------------------|----------------------------------------------------------|--|
| a. | 1: | Step 7 | |
| b. | 2: | Thank you for using the California EFT Telephone Payment | |
| System. (discor | nnect) | | |
| с. | No response/Skipped: | This field is required(prompt repeated) | |

3

CANCELING A PAYMENT

Caller:

Step 8

System:: You have selected to cancel a payment. Do you have the reference number of the payment you want to cancel? Press '1' for yes. Press '2' for no. Caller:

| Response Conditions: | | |
|----------------------------------------------|------------------------------------------------------------------------------|--|
| a. 1: | Step 9 | |
| b. 2: | Route to Customer Service Representative | |
| c. No response/Skipped: d. Invalid Entry: | This field is required(prompt repeated) Invalid response(prompt repeated) | |

Step 9

System: Enter the reference number of the payment you wish to cancel.

Caller: ____

| Response Conditions: | | | |
|----------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--|
| a. | a. match: Step 10 | | |
| b. no match: | | Cannot find reference number entered. (prompt repeated) | |
| с. | <required digits:<="" th=""><th>Your reference number is too short. (prompt repeated)</th></required> | Your reference number is too short. (prompt repeated) | |
| d. | >required digits: | Your reference number is too long. (prompt repeated) | |
| e. | No response/Skipped: | This field is required(prompt repeated) | |

Step 10

System:

For <u>Scheduled</u> Status payments: "Reference number <reference # value> for <dollar amount> dollars and <cent amount> cents, was reported on <payment submission date & time PT> and is scheduled for a debit date of <scheduled date (debit date)>."

or

For <u>Submitted</u> Status payments: "Reference number <reference # value> for <Dollar amount> dollars and <Cent amount> cents, reported on <payment submission date & time PT> was submitted on <Last update date (one banking day prior to debit date)> for a debit date of <debit date>."

or

For <u>Paid</u> Status payments: "Reference number <reference # value> for <Dollar amount> dollars and <Cent amount> cents, reported on <payment submission date & time PT > was paid on <debit date>."

or

For <u>Canceled</u> Status payments: "Reference number <reference # value> for <Dollar amount> dollars and <Cent amount> cents, reported on <payment submission date & time PT > was canceled on <Last update date (the date user canceled payment)>."

Step 11

*Status Condition – If payment has "Scheduled" status, go to step 11a. If payment has any other status, go to step 11c.

Step 11a

Are you certain you want to cancel this payment? If yes, press 1, if no, press 2

| Caller: | |
|---------|--|
| | |

| Response Conditions: | | | | |
|----------------------|----|----------------------------------------|--|--|
| a. | 1: | Go to step 11b | | |
| b. | 2: | Cancellation is stopped. Go to step 12 | | |

Step 11b

System: Payment is cancelled. Your cancellation reference number is _____. Please retain the following_number for your records. Repeating, your cancellation reference number is _____. _. (Go to Step 12) Step 11c

System: This payment can no longer be cancelled. (Go to Step 12)

Step 12

System: To make a payment or perform another function, press '1'. To disconnect, press '2'. *Caller:*

| Response Cond | litions: | |
|----------------------|----------------------|----------------------------------------------------------|
| a. | 1: | Step 7 |
| b. | 2: | Thank you for using the California EFT Telephone Payment |
| System. (disconnect) | | |
| с. | No response/Skipped: | This field is required(prompt repeated) |
| d. | Invalid Entry: | Invalid response(prompt repeated) |

CHANGE A SECURITY CODE

| Caller: | 4 |
|---------|---|
|---------|---|

Step 8

 System:
 You have selected to change your security code.

 Enter your new security code now.

 Caller:
 ____#

| Response Conditions: | | | |
|------------------------|----------------------|------------------------------------------------------------------|--|
| a. | >4 positions: | Your security code is too long(prompt repeated) | |
| b. | <4 positions: | Your security code is too short(prompt repeated) | |
| с. | No response/Skipped: | This field is required(prompt repeated) | |
| d. | '0000' entered: | This is an invalid security code. Please choose another security | |
| code(prompt repeated). | | | |

Re-enter your new security code a second time for verification. System: Call #

| Caller: | | |
|---------|--|--|
| | | |
| | | |
| | | |

| Response Conditions: | |
|-------------------------|------------------------------------|
| a. Match: | Go to step 10. |
| b. no match: | Your entries do not match(Step 8). |
| c. No Response/Skipped: | This field is required(Step 9) |

Step 10

System: Your new security code has been accepted Your new security code is ____. Please make a note of it for future use. Again, your new security code is ____. This security code must be used for online and telephone transactions.

Step 11

System: To make a payment or perform another function, press '1'. To disconnect, press '2'. Caller: _

| Response Conditions: | | | | |
|----------------------|----------------------|----------------------------------------------------------|--|--|
| a. | 1: | Step 7 | | |
| b. | 2: | Thank you for using the California EFT Telephone Payment | | |
| System. (disconnect) | | | | |
| с. | No response/Skipped: | This field is required(prompt repeated) | | |
| d. | Invalid Entry: | Invalid response(prompt repeated) | | |

ACH DEBIT INSTRUCTIONS

WEB ONLINE PAYMENTS

| | You may use a personal computer to report your ACH Debit transactions. If you have any questions about these payment methods, please contact the California Department of Insurance's Tax Accounting/EFT Desk at (916) 492-3288, or email at <u>eft@insurance.ca.gov</u> . The following is a sample script of an ACH Debit Online Payment | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | reported to the State's data collection service using your personal computer: | | | |
| STEP 1 | Log on Website address: <u>www.govone.com/PAYCAL</u> | | | |
| STEP 2 | "California State Agency EFT Menu" screen Select the "California Department of Insurance" link to access a payment site. | | | |
| STEP 3 | "Sign in" screen | | | |
| | Follow prompts for: | | | |
| | First Time User | | | |
| | Returning User | | | |
| STEP 4 | If a Returning User | | | |
| | Enter your Username | | | |
| | Enter your password | | | |
| | Click the "login" button | | | |
| | If a First time user, click the "Register" button | | | |
| | Enter your Taxpayer ID Number (TIN) (8 digits) | | | |
| | Enter your security code | | | |
| | Click the "Continue" button | | | |

STEP 5 Follow the prompts for Registration and create profile. After Registration completed, click "Continue" button and follow prompts to add a bank account to your profile and click the "Submit" button.

STEP 6 Follow the prompts for: Make Payment Payment Inquiry Bank Account Maintenance

ACH CREDIT INSTRUCTIONS TXP ADDENDA CONVENTION RECORD LAYOUT

The TXP Addenda Convention Record Layout is used by financial institutions who report tax payments for their customers under the ACH Credit method. The information listed below is entered into the "free form" portion of the Addenda Record (positions 4-83). The information entered in this format must be precisely structured as shown below. All fields are mandatory, except for field #6, Verification Number. All fields must be separated by an asterisk (*). The last field entry must be terminated by a back slash (\). Explanations for the field entries are given on the next page.

| FIELD | FIELD NAME | LENGTH | DATA TYPE | CONTENTS |
|-------|----------------------------------------------|--------|---------------|-------------------------|
| | Segment Identifier <i>Separator</i> | | | TXP * |
| 1 | Taxpayer ID Number (TIN) <i>Separator</i> | 8 | Alpha Numeric | XXXXXXXXX * |
| 2 | Tax Type Code <i>Separator</i> | 5 | Numeric | XXXXXX * |
| 3 | Tax Due Date <i>Separator</i> | 6 | Numeric | YYMMDD * |
| 4 | Amount Type <i>Separator</i> | 1 | Alpha Numeric | T * |
| 5 | Amount Separator <i>Separator</i> | 1-10 | Numeric | \$\$\$\$\$\$\$\$cc * |
| 6 | Verification Number Segment Terminator | 1-6 | Alpha Numeric | XXXXXX |

The penalty and interest fields are omitted since no penalty or interest payments are processed through CDI's EFT System.

ACH CREDIT INSTRUCTIONS

TXP DEFINITIONS

Listed below are the definitions for the field entries used in the TXP Addenda Record Layout in Appendix B-1. These definitions apply only to the California Department of Insurance.

- SegmentThis identifies the transfer as a tax payment. It must always be
coded as TXP.
- Separator The separator or data element separator is used to separate fields (data elements) within a segment. The character to be used as separator is the asterisk (*).
- *Tax Type Code* The five digit tax type code is used to identify the type of tax payment being made. The following codes are used by the California Department of Insurance:

| 07130 | Premium Tax - Annual |
|-------|------------------------------------------|
| 07131 | Premium Tax - Prepayment (Quarterly) |
| 07133 | Retaliatory Tax |
| 07134 | Ocean Marine Tax |
| 07150 | Surplus Line Tax - Annual |
| 07153 | Surplus Line Tax - Installment (Monthly) |

- Tax Due DateThe tax due date indicates the date the tax is due and must be reported in
YYMMDD format. This date should represent the due date of the tax
being reported. See "Tax Due Dates" section for more information
- *Amount Type* The amount type code identifies what type of amount follows. This data element must always be coded as T to indicate tax amount.
- *Amount* Enter the tax amount paid here. The amount must always indicate cents. For example, \$56,318.00 is reported as 5631800. Do not enter commas or a decimal point in this field.
- *Verification* This field is optional. It is used to verify the taxpayer's identity. If used, the first six characters of the company name should be entered.
- SegmentThe segment terminator identifies the end of the free form portion of
the addenda record and must always be coded as a \ (back-slash).

GLOSSARY TERMS AND ACRONYMS

- ACH Automated Clearing House. Means an entity that operates as a clearing house for electronic Debit or Credit entries pursuant to an agreement with an association that is a member of the National Automated Clearing House Association (NACHA).
- ACH Credit ACH Credit is a means by which money is transferred electronically through the Automated Clearing House (ACH) network. An ACH Credit transaction is one in which the taxpayer, through its own financial institution, originates an entry crediting the State's designated bank account and debiting its own bank account for the amount of tax payment.
- ACH Debit ACH Debit is the converse of the ACH Credit. Under the ACH Debit method, the taxpayer contacts the State's data collection service and originates an ACH transaction debiting the taxpayer's designated bank account and crediting the State's bank account for the amount of tax payment.
- CCD+ Cash Concentration or Disbursement Plus Addenda. This is a standard NACHA data format used to make ACH Credit transactions. The CCD+ format combines the widely used CCD format with a single addendum record that can carry 80 characters of payment related data known as the TXP (see TXP).
- Data CollectionAlso known as third-party vendor, the State's data collectionServiceservice is the party responsible for the collection of taxpayer's information
for the purpose of initiating an ACH Debit transaction. Taxpayers may
report information to the service by means of voice, touch-tone telephone,
personal computer.
- *EFT Electronic Funds Transfer.* A term that identifies the type of systems used to transfer payments or funds electronically. EFT refers to any transfer of funds, other than a transaction originated by check, draft, or similar paper instrument, that is initiated through an electronic terminal, telephone instrument, computer, or magnetic tape, so as to order, instruct, or authorize a financial institution to Debit or Credit an account.
- Federal ReserveThe central banking system of the United States, consisting ofSystemtwelve regional reserve banks and those member depository institutions
that are subject to reserve requirements.

| Fedwire | One wire transfer system used generally to transfer large dollar amounts instantaneously and which is provided by the U.S. Federal Reserve System. The use of this method for payment of premium taxes to CDI requires written approval and is for emergency use only. This method of payment will incur additional cost to the taxpayer which will be billed separately. |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NACHA | <i>National Automated Clearing House Association.</i> The association that establishes the standards, rules, and procedures that enable depository financial institutions to exchange ACH payments on a national basis. |
| Prenote Test | A zero-dollar <i>pre-notification</i> test entry sent through the ACH network to verify banking information. If a prenote is processed, it must be done at least 30 days before actual EFT payment is initiated. |
| Reference Number | A number is provided by the State's data collection service to the taxpayer using the ACH Debit payment method. This number is given after the taxpayer has provided information needed to initiate a payment. The reference number indicates the date and time the payment was reported and can be used to aid in the tracing of a payment. Reference numbers may also be used in Fedwire transactions. |
| Settlement Date | The date an exchange of funds, with respect to an entity, is reflected on the books of the Federal Reserve Bank(s) and participating financial institutions. In regards to the timeliness of a tax payment, settlement in the State's bank account must occur on or before the first banking day following the tax due date. |
| TXP | <i>Tax Payment Banking Convention Record Format.</i> Contains the data format, contents, and implementation suggestions for taxpayers to pay state taxes through the Automated Clearing House under the ACH Credit method. This convention is to be used with NACHA CCD+ format and is used in the majority of other states using EFT for tax collections. The format is carried in the 80-character free form field of the addendum record. The TXP convention has been developed with input from corporate trade associations, state representatives, and federal government agency representatives. The proposed convention is a result of the joint efforts of the Federation of Tax Administrators (FTA), the Committee on State Taxation (COST), and the Banker's EDI Council of NACHA. |
| Warehousing | <i>Warehousing</i> is the ability of the State's data collection service to hold or "warehouse" a tax payment until the tax due date or a date specified by the taxpayer. With this option, a taxpayer can call the State's data collection service and specify when the taxpayer's bank account is to be debited for the payment. This feature has a range of 90 days from the date the payment is called into the State's data collection service. |

State of California

Department of Insurance

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 | | | | | | |
| <u>SECTION I</u> | <u>SECTION I</u> | | | | | |
| EFT Tin # | | | | | | |
| Taxpayer name | · · | | CDI Identification Number | | | |
| Taxpayer Address | | | | | | |
| City | State | | Zip Code | | | |
| Doing Business As | | | | | | |
| EFT Contact Person | Phone Number | Fax Number E-m | ail 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 <u>www.govone.com/PAYCAL</u> 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 | |
|----------------------|------------|-------|------|--|
| | | | | |
| | | | | |

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

CDI TAX EFT 93-01 (Rev 06/2016)

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.