

**ELECTRONIC FUND TRANSFER AUTHORIZATION FORM
CALIFORNIA DEPARTMENT OF MOTOR VEHICLES (CADMV) AND
INTERSTATE CARRIER PROGRAM (ICP)**

SECTION 1 — GENERAL PROVISIONS

This authorization provides the expected standards for electronic fund transfer (EFT) debit payment of fees to CADMV. ICP partner shall not assign or transfer activities without prior written consent of CADMV.

1. Fees submitted through EFT shall in no way preclude, affect or change the ability of CADMV to conduct audits and collect additional fees and penalties, when due.
2. CADMV shall initiate an Automated Clearing House (ACH) debit by transmitting a National Automated Clearing House Association (NACHA) formatted file to CADMV's depository for processing through the ACH system.

SECTION 2 — PAYMENT OF DMV FEES DUE

1. Date Fees Due

For purposes of this authorization, CADMV fees shall be due the same day payment credential is submitted. Funds shall be made available for debit to the account designated in this authorization.

2. Settlement Date

Fees submitted by EFT shall be considered received and paid when the funds are *credited to CADMV's depository account (settlement date)*. This normally happens on the third work date.

3. Debit Amount Authorized

CADMV shall debit the ICP partner's designated account for the *exact amount of the electronic billing*. Fees will not be netted; any adjustments of fees shall be requested through the CADMV EFT Representative.

4. Proof of Payment

CADMV shall accept as proof of payment, deposit information received daily via CADMV's Depository electronic reporting system.

5. Notification of Payment Due

ICP partner agrees that under their right to receive written notice of varying transfers, the electronic billing will serve in lieu of written notification from CADMV.

6. Returned Items

ACH debits returned from depository due to *insufficient funds* or *account closed* shall accrue applicable bank service charges as well as a \$30 returned item charge payable to CADMV. ICP partner will reimburse CADMV for all returned items by overnighting guaranteed funds on the same day as notified by CADMV. Guaranteed funds will be for the amount of the returned item, plus returned item charge.

Any returned item shall be considered grounds for cancellation of access under the ICP regulations.

SECTION 3 — CHANGE OF AUTHORIZATION

Any change in ICP depositories or in depository account numbers shall be provided to CADMV in writing, ***at least 60 days prior to the change.***

SECTION 4 — DEBIT AUTHORIZATION

I (we) hereby authorize California Department of Motor Vehicles to initiate debit entries to the checking account indicated below and the depository named below to debit the same to such account.

DEPOSITORY NAME	BRANCH	
CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER (NINE DIGITS)	ACCOUNT NUMBER (MAXIMUM 17 DIGITS)	

<p>XYZ CORPORATION 1234 Main Street Anytown, CA 00019</p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> ATTACH VOIDED CHECK HERE FOR VERIFICATION OF BANK ACCOUNT, ROUTING AND TRANSIT NUMBERS </div>	<p>8000</p> <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: right;">20</p> <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;"><i>Dollars</i></p>
<p>Pay to the Order of _____</p>		
<p>ANYWHERE BANK 1234 Main Street Anytown, CA 00019</p>		
<p>SAMPLE CHECK</p>		
<p>MEMO _____</p> <p style="font-family: monospace;">:321170305 :8000 8 026672 09</p> <p style="font-size: small; text-align: center;">Bank Transit/ABA No. Check Account No. No.</p>		

NOTE: ICP partner using a concentration account rather than a check account, are required to attach written documentation from their financial institution verifying the bank account, routing, and transit numbers.

This authorization is valid when signed and dated by both parties. This authorization shall only be terminated upon completion of a new authorization for change in depository, or in conjunction with the ICP regulations.

SECTION 5 — EFT REPRESENTATIVE AUTHORIZED SIGNATURES

CADMV		ICP PARTNER	
		COMPANY NAME (PRINT OR TYPE)	
PRINTED NAME		PRINTED NAME	
TITLE		TITLE	
SIGNATURE	DATE	SIGNATURE	DATE
X		X	
TELEPHONE NUMBER		TELEPHONE NUMBER	
()		()	