

State Compensation Insurance Fund

Electronic Funds Transfer Authorization Form

This form is used to authorize State Compensation Insurance Fund (State Fund) to transmit electronic payments to its Suppliers' financial institutions.

INSTRUCTIONS

1. Suppliers need to complete this form and collect the appropriate authorization from an Authorized Financial Officer. Supplier's address provided below will be retained by State Fund as the official remittance address. Submit a new Electronic Funds Transfer Authorization Form if any information called for by this form needs to be updated. You only need to provide the information that needs to be updated, along with the name, date, and signature of the Authorizing Officer. Allow 30 days for the change to take effect. A Privacy Disclosure Notice concerning this authorization form is attached.
2. **Submit completed form to OracleSuppliers@scif.com using your company's secured email account or the secured email link to be provided by State Fund.** Link will remain active for 14 calendar days from the day it was sent.
3. Call Zin Htet at 925-416-7422 or Eddy Ng at 925-460-4111 for inquiries about EFT authorization forms. For all other Accounts Payable issues, call Francis Tonel at 925-460-4113 or send an email to OracleAccountsPayable@scif.com.

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize **State Fund** to initiate electronic credit entries to my/our checking/savings account indicated below. This authorization remains in full force and effect until **State Fund** receives written notification from the Supplier of its termination of this Authorization or until **State Fund** decides, in its sole discretion, to terminate this Authorization. I understand that this authorization contains personal information and that if I choose to send it using any email system other than a secured email system, State Fund is not responsible for the compromise or interception of the email or the contents of the authorization.

Enrollment Action Request: New _____ Change _____ Cancel _____

Supplier's Legal Name _____ Tax ID # _____

Supplier's DBA Name _____ Phone # _____

Remittance Address, City, State, Zip Code _____

Contact name to receive payment remittance information _____

E-mail Address to receive payment remittance information _____

Bank Name _____ Phone # _____

Branch Address, City, State, Zip Code _____

Bank Account # _____ 9-Digit Routing # _____

Account Type: Checking Account _____ Savings Account _____

Does the provided electronic payment information apply to all locations and subsidiaries under the tax identification number above? Yes ___ No ___. If "No", please complete and submit separate forms as needed.

Authorized Officer Name _____ Title _____

Authorized Officer Signature _____ Date _____

State Compensation Insurance Fund (State Fund)
Electronic Funds Transfer
Privacy Disclosure Notice

AUTHORITY: California Civil Code §§ 1798.17 and 1798.24

COLLECTION PURPOSE:

State Fund collects personal information about you in order to electronically transmit payments to your financial institutions.

USE PURPOSE

State Fund will use the personal information obtained about you to initiate electronic credit entries to your checking/savings account.

DISCLOSURE PURPOSE

The disclosure of personal information is voluntary; however, failure to provide information will result in denial of participation in the Electronic Funds Transfer Program.

State Fund will disclose the personal information you provide on the Electronic Funds Transfer Authorization Form to:

1. Your financial institution; and
2. Law enforcement, regulatory agency or other governmental entity when required by state or federal law.

State Fund does not sell, trade, or otherwise transfer your personal information to third parties for marketing purposes.

INTEGRITY/SECURITY

Access to the personal information collected is limited to individuals who are authorized to process the electronic funds transfer transactions. Technical security measures are used to prevent unauthorized access to personal information.

AMENDMENT, CORRECTION AND DELETION OF PERSONAL INFORMATION

You have the right to access the personal information collected about you in order to have it corrected, amended or deleted where it is inaccurate or inappropriate for the specified purposes of processing. An action request to correct, amend, or delete personal information can be submitted using the Electronic Funds Transfer Authorization Form.