

Vendor/Individual Name:

## Golden State Finance Authority ACH Credit Authorization Agreement

Taxpayer/Social Security Number:

Mailing Address:	Email:
Contact:	Phone Number:
Title:	Fax Number:
New: Change EFFECTIVE WITH NEXT PAYMENT DUE / /  1. The payee described above ("Payee") hereby authorizes Golden State Finance Authority to initiate automated clearing house ("ACH") credit entries to the financial institution set forth below in payment of invoices issued by Payee to Golden State Finance Authority. This authorization will remain in full force and effective until Golden State Finance Authority receives written notification of termination and has a reasonable period of time (not less than ten (10) business days) to act upon such notice.  2. Golden State Finance Authority will not be liable to Payee and Payee will not be liable to Golden State Finance Authority for any special consequential, indirect or punitive damages arising out of this Agreement, whether or not (a) any claim for such damages is based on tort or contract or (b) either party knew or should have known the likelihood of damages in any circumstances.  3. Please include a confirmation of account information on bank letterhead or a voided check.	
4. If an electronic remittance advice is desired, please include email address.	
Authorized Signature:	
Name and Title:	Date:
Bank Name, City, & State:	
Name on Account:	Routing Number:
Checking Account Number:	Savings Account Number:

PLEASE COMPLETE AND RETURN THIS FORM TO:

Golden State Finance Authority Accounting Department 1215 K Street Suite 1650 Sacramento CA 95814

Phone number: 916-447-4806 x1031 Email: accounting@rcrcnet.org