
PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (5 U.S.C, Section 552 et seq.) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798 et seq.) declares that the right to privacy is a personal and fundamental right protected by the California and United States Constitutions. Please be advised that this form requests personal information. The term "personal information" means any information that is maintained by an agency that identifies or describes an individual, including, but not limited to, the individual's name, social security number, physical description, home address, home telephone number, education, financial matters, and medical or employment history. It includes statements made by, or attributed to, the individual. (Civil Code, § 1798.3, subdivision (a).)

Information Collection and Access: California law requires the following information to be provided when collecting information from individuals. (See, for example, Civil Code, § 1798.17.)

Agency Name and Division Within the Agency Requesting the Information:

California Department of Transportation, Division of Accounting, Office of Commodity & Contracts Payable, Service Payables Branch

Title of Official Responsible for Information Maintenance:

Sandy Si, Accounting Administrator II

Maintenance of the Information Authorized By:

Government Code Section 16401, State Administrative Manual, Chapter 8100 Section 8101 authorizes the immediate payment on permissive uses when necessary.

Consequences of Not Providing All or Any Part of the Requested Information:

The Request for Revolving Fund Check Form (FA-0017) is initiated by district/program and workflow through Advantage to be approved by Accounting staff in order to issue the advance check. Advantage will not be available during the Advantage 4x Upgrade cross-over period (9/26-10/5/24). This is a request to have Form FA-0017 be available in CEFS to be downloaded. If this function is not allowed, district/program does not have a mechanism to perform the request.

Principal Purpose(s) for Which the Information Will Be Used:

The form is used to request an advance check for a permissive event.

Known Disclosures:

District/Programs and Accounting.

Right of Access to Records:

Individuals have the right to access information provided and may request a correction or deletion of records. Exceptions may include, but are not limited to, investigations and public transparency laws. Personal Information will only be disclosed as permitted by the Information Practices Act, Civil Code, §§ 1798–1798.83, or as otherwise required by law. To request access to, or to request correction or deletion of, information provided in this form you may contact the Official Responsible for Information Maintenance identified above.

Instructions

This form is used for Automated Clearing House (ACH) payments and contains payment related information processed through the Department of Transportation's Automated Payment System. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PERSONAL INFORMATION NOTICE This form requests personal information. Disclosure of this information is voluntary. The principal purpose of the request for personal information is to facilitate processing this form. Failure to provide all or any part of the requested information may delay processing of this form. The California Department of Transportation is committed to the privacy of your personal information. Our policies regarding personal information collected and managed by our department are governed by law, including the Information Practices Act of 1977 (Civil Code Section 1798 and following).

ACCOUNT VALIDATION For the purpose of EFT payments, vendors are requested to ensure that the account specified on this enrollment form remains active until receipt of the last anticipated EFT payment into the referenced account. This assurance will assist in the guarantee of prompt payment. **Please note:** If any vendor's account is deemed "invalid" at any time during the EFT process, that specific vendor will be contacted and a new updated and completed enrollment form will be required.

- Vendors complete sections I, II, and III.
- Financial institutions complete section IV.
- Caltrans complete section V.

Instructions for completing EFT Payment Enrollment Form

Section I Desired Activity - Payee checks the box indicating the desired action (e.g. new, change, delete).

Section II EFT Deposits - Check the first box if the entire amount of the direct deposit **IS** ultimately deposited outside the U.S. Check the second box if the entire direct deposit **IS NOT** ultimately deposited outside the U.S. The National Automated Clearing House Association (NACHA) requires International ACH Transactions (IAT) to be identified. Payments ultimately deposited to a financial institution outside the U.S. are not eligible for EFT.

Section III Payee / Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, Federal Employer ID (FEIN) or Social Security Number (SSN), designated contact person, assigned telephone number, and signs the form as the CFO or owner of the business.

Section IV Financial Institution Information Section - Financial institution prints or types the name and address of the payee's/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. The financial institution checks the appropriate box indicating the type of account to be used (e.g. checking or savings), enters the title and telephone number of the appropriate financial institution official, and signs the form as the authorized banking official.

Footnote - Financial Institution Information Section - A voided check or savings deposit slip must be attached to the completed authorization agreement (enrollment form). Your voided document will aid in verifying bank account and routing transit numbers. An example of a voided check, shown below, indicates where to locate the routing transit number for your bank and your bank account number. Remember to mark the word "VOID" across the front of your check or savings deposit slip that will be returned with this authorization agreement.

ABC BUSINESS
1234 Boomtown
Anytown, CA

1044

20

VOID

Pay to the Order of

VOID

\$

VOID

DOLLARS

U.S.A. Memo Not Negotiable

(1) 1:133404567 (2) 1:1234561304 111 (3) 1044

- (1) Routing Transit Number
(Required 9 digits)
- (2) Bank Account Number
(Not to exceed 17 digits)
- (3) Check Number

Section V Agency Information Section - This section is filled out by the State Agency with the address of where this Form is to be returned. The designated contact person's name, telephone number, and fax are also listed. The Vendor # may be filled out by the State Agency when the form is sent out or when the form is returned to the Agency.

SECTION I

DESIRED ACTIVITY - (TO BE COMPLETED BY PAYEE)

Please check appropriate box(es):

- ☐ Change in EFT Contact Person or Phone Number
- ☐ New EFT Account
- ☐ Delete EFT Account
- ☐ Change in Bank Account or Mailing Address

SECTION II

EFT DEPOSITS - (TO BE COMPLETED BY PAYEE)

- ☐ The entire amount of our direct deposit payment **IS** ultimately deposited to a financial institution outside the U.S. (**NOT ELIGIBLE FOR EFT**)
- ☐ The entire amount of our direct deposit payment **IS NOT** ultimately deposited to a financial institution outside the U.S. (**ELIGIBLE FOR EFT**)
- Note: Please notify our office if this status changes so we can adjust your payment type from EFT to check.

SECTION III

PAYEE / COMPANY INFORMATION - (TO BE COMPLETED BY PAYEE)

CONTRACT NUMBER

COMPANY NAME

FEIN # OR SSN #

ADDRESS

E-MAIL ADDRESS

CONTACT PERSON NAME

TELEPHONE #

By providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby agree that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

SIGNATURE AND TITLE OF AUTHORIZED COMPANY OFFICIAL

DATE

SECTION IV

FINANCIAL INSTITUTION INFORMATION - (TO BE COMPLETED BY FINANCIAL INSTITUTION)

FINANCIAL INSTITUTION NAME

ADDRESS

ACH COORDINATOR NAME

TELEPHONE #

NINE DIGIT ROUTING TRANSIT NUMBER

DEPOSITOR ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS)

TYPE OF ACCOUNT
☐ Checking ☐ Savings

SIGNATURE OF AUTHORIZED BANKING OFFICIAL

PRINT NAME

TITLE OF OFFICIAL

TELEPHONE #

SECTION V - Return this form to:

AGENCY INFORMATION - (TO BE COMPLETED BY THE DEPARTMENT OF TRANSPORTATION)

STATE AGENCY Department of Transportation

VENDOR NUMBER

ADDRESS Attn: Division of Accounting - PISA, P.O. Box 168043, Suite PETS, Sacramento, CA 95816-8043

PHYSICAL ADDRESS Attn: Division of Accounting - PISA MS 25, 1820 Alhambra Blvd., Sacramento, CA 95816

NOTE: Please mail original documents: (1) EFT Form and (2) Voided Check or Bank Reference Letter

CONTACT PERSON NAME
Trin Widjaja

TELEPHONE NUMBER
(279) 234-2923

FAX NUMBER
(916) 227-9736