

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER (EFT)**

SECTION 1

HOLDER INFORMATION

EFT-FEDERALEMPLOYER ID#																	BRANCH #:												
NAME:																													
ADDRESS:																													
TELEPHONE:	()					-																				

BANK INFORMATION

NAME:																												
ADDRESS:																												
TELEPHONE:	()					-																			

EFT CONTACT INFORMATION

NAME:																											
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SECTION II

ACH CREDIT

This method allows you to transfer funds by instructing your ACH participating financial institution to debit your account and credit the Commonwealth of Massachusetts' bank account. These remittances must be in NACHA CTX format.

SIGNATURE _____ **DATE** _____

Return or fax to: Commonwealth of Massachusetts
Unclaimed Property Division
One Ashburton Place, 12th Floor
Boston, Massachusetts 021081608
Tel. (617) 367-3900 Fax (617) 248-3944

FOR USE OF THE OFFICE OF THE STATE TREASURER ONLY

Your enrollment in the State Treasurer's EFT program has been approved to commence on _____ (Date)

Unclaimed Property

By: _____
Signature

_____ Date

_____ Telephone