



CALIFORNIA RETAILER SETTLEMENT AUTHORIZATION FORM

FNS Authorization #: _____

(Full Legal Business Name)

authorizes ACS and its designated financial institution, Bank of America, and the financial institution listed below to transfer funds and make correcting debit adjustments, when needed, to the indicated business account for activity related to the State of California's Electronic Benefit Transfer (EBT) Program subject to the terms of the Retailer Agreement.

Choose (☐) One:

<input checked="" type="checkbox"/> First Submission	<input type="checkbox"/> Change in Banking Info
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Business Information:

d/b/a (If doing business under another name or a trade name; write that name here)

Printed Name

Address

Home Address

City/State/Zip

City/ State/ Zip

Telephone Number

Home Telephone Number

Settlement Cut-off time : ____:____ *am/pm*
(Pacific Standard Time)

By: (Signature of Owner or Authorized Personnel)

Title (Owner or Office)

ATTACH VOIDED CHECK IN THIS BOX OR ENCLOSE A LETTER FROM YOUR BANK WITH ROUTING & ACCOUNT # INFORMATION

California Retailer 123 Main St California City, CA 12345	2372
Pay to the Order of _____	Date _____
XYZ Bank California City, CA	\$ <input type="text"/> Dollars
For _____	
:123789789:987654321:2372	

VOID

Please return completed form to:
ACS State and Local Solutions
National Retail Management Center
12357 Riata Trace Pkwy, Suite A300, Austin TX 78727
Contact us at: ebt.retailoperations@acs-inc.com or (866) 217-1076