



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
 PO BOX 2952
 SACRAMENTO CA 95812-2952

Notice Date: 03/10/21

Installment Agreement and Electronic Funds Transfer (EFT) Authorization

Account Number: [REDACTED]

[REDACTED]
 LOS ANGELES CA 90025-7828

You requested an installment agreement with a monthly payment of \$265.00. To complete your installment agreement request, fill out the information below and return it to us in the enclosed envelope within 15 days of the date of this notice. Failure to provide complete information delays processing your request. To pay by electronic funds transfer (EFT), complete the EFT authorization below.

Upon receipt of your completed request, we will notify you if we accept or reject your request for an installment agreement. If the installment agreement request is approved, a \$34.00 fee will be added to your account balance to establish the installment agreement (Revenue and Taxation Code Section 19591(a)(1)). Interest and penalties continue to accrue until your account is paid in full.

Installment Agreement Request

By initialing this box, I certify that I have a financial hardship because the tax liability I owe exceeds \$10,000, or the installment period for payment exceeds 36 months, or both.

Signature Required for Installment Agreement Request: My signature certifies that I read and agree to the taxpayer installment agreement conditions on PAGE 2.

X

Print Name:

Telephone Number:

Date:

EFT Authorization

I authorize an electronic funds withdrawal for the following:

Box 1. Payment Amount You Will Pay Each Month:
 \$265.00

Box 2. Enter a Date (no later than the 28th) You Will Make Each Payment:

Bank Name and Address:

Bank Routing Number:

Bank Account Number:

Check One:

Checking Savings

I certify that I have the authority to request an electronic funds withdrawal from the account identified above. I authorize the Franchise Tax Board (FTB) to initiate and process electronic funds withdrawal entries from the above account. This authorization remains in effect until one of the following occurs: 1) All unpaid tax liabilities due or becoming due during the course of this agreement are paid. 2) FTB terminates the installment agreement. 3) FTB receives written notice of cancellation of this EFT authorization within five business days prior to the payment due date.

I request an electronic funds transfer from my bank account to pay the amount in Box 1 above each month on the day specified in Box 2. If this date falls on a Saturday, Sunday, or state holiday, I authorize the transfer for the next business day.

If FTB cannot deduct the monthly payment from my bank account because of insufficient funds or because my account is closed, FTB may terminate my installment agreement. I understand that FTB may charge me a Dishonored Payment Penalty and a collection fee. I am also responsible for any overdraft fees charged to my account.

Signature Required for EFT Authorization: X

Print Name:

Telephone Number:

Date: