🍣 California ISO	Form Submittal: See Electronic Funds Transfer Procedure	Version No.	9.0
Electronic Funds	s Transfer (EFT) Form	Revision Date	07/01/2020
Remittance and Payment ACH or Fed Wire Selection		Distribution Restriction	none

ELECTRONIC FUNDS TRANSFER (EFT) FORM

For Instructions, please review the Electronic Funds Transfer Procedure at: http://www.caiso.com/Documents/ElectronicFundsTransferProcedure.pdf

Participant / Customer Information

 \bigcirc Participant Applicant

O New RC Customer with HANA Service

O Existing Participant / Existing RC Customer Bank Account Change or Transfer Type change

○ New RC Customer

	Company Name on Bank Account						
	Company Name on the ISO Agreement						
tion	Federal Tax Id Number						
orma	Company Type (check one)	inership					
/ Inf		\bigcirc Sole Proprietary \bigcirc LLC (Company) \bigcirc LLC (Corporation)					
Participant Company Information	Relationship		Is the name on the account the same as the name on the agreement? Yes No If No, explain the relationship:				
icipa	Street Address						
Part	City						
	State/Country		ZIP/Postal	l Code			
	Contact Name						
	Phone		Email				

If a Scheduling Coordinator:
 Will another SC be receiving your invoices? Yes If Yes: 1. List the Scheduling Coordinator Company Name: 2. A Scheduling Agent letter needs to accompany this form or be on file at the ISO.
If a new RC Customer that is also an ISO SC or EIM Entity:
Will you use a bank account that has already been setup in the ISO settlements systems? Yes If Yes, complete Sections 1 and 6 <u>only.</u>

(Continued on next page)

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Section 1: Existing Bank Account Validation

<u>To validate bank changes,</u> the ISO requires the existing bank account (previously setup in ISO systems) be provided in Section 1.

- Participant applicants or RC Customers: the new bank account is to be provided in Section 2 (leave Section 1 blank)
- <u>RC Customers using an existing bank account (previously setup in ISO systems)</u>: please complete Section 1 for validation and then skip to Section 6 and enter the correct BA ID or TOP ID or both.

on	Financial Institution Name							
tituti	Address							
Financial Institution	City				State		Zip	
ancia	Bank Contact Name							
Fin	Phone		Email				Fax	
ance	Settlement Account No.							
Remittance	Sort Code (ABA Number)							
Re	Type of Account	○ Checking	⊖ Saving	IS				
accou	I understand and acknow Int is setup in ISO applicati	•	existing ba	nk accou	unt must	t remain open u	ntil ne	w bank

Section 2 – Financial Institution Information (NEW bank account or new remittance selection)

Sections 2 - 5: For new customer / new participant or to setup a new bank account or new remittance selection.

on	Financial Institution Name					
tituti	Address					
Financial Institution	City			State	Zip	
anci	Bank Contact Name					
Fin	Phone		Email		Fax	
ince	Settlement Account No.					
Remittance	Sort Code (ABA Number)					
Re	Type of Account	Checking	◯ Savings			

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Section 3 – Remittance Selection

Remittance Selection Information Select one of the 3 options below for remitting payments to the ISO.

Remittances to the ISO:

○ Fed Wire

(If either Fed Wire or ACH above are selected, skip Section 4)

Section 4 – **ACH Direct Debit

**If ACH direct debit authorization only, signature authorization must be completed and signed, along with the account information.

ince	Settlement Account No.						
Remittance	Sort Code (ABA Number)						
Re	Type of Account	○ Checking	○ Savings				
MPORTA	NT NOTE: Be sure to commu	nicate and veri	fy with your bank	that you are aut	thorizing the IS	O to withdrawa	<mark>il funds</mark>
om the a	above account.						
Comp	any (Participant) Officer Signatu	Ire:					
Name	::	Τ	Fitle:			Date:	
	ase accept this authorization as s	Ũ					

Fiease accept this authorization as standing instruction for the ISO to initiate an ACH draft to debit the account above in order to pay funds on the date they are due. If there are insufficient funds or the ACH draft is rejected, the invoice will remain unpaid and the participant will be responsible for ensuring the amounts due are paid in accordance with tariff sections **11.29.4.1** and **12.4.1**.

Section 5 – Payment Selection Information

Select one option below for receiving payments from the ISO and provide the following bank account information.

Payments from the ISO:

⊖ ACH

○ Fed Wire

nent	Settlement Account No.				
Payn	Sort Code (ABA Number)				
	Type of Account	○ Checking	○ Savings		

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Section 6 – Indicate Applicable IDs

Should this bank change be applied to all currently active IDs? OYes ONO

If <u>No:</u>

Indicate IDs to be associated with the existing banking information. (Section 1)

	IDs			
ID S	IDs			
	IDs			

Indicate IDs to be associated with the <u>new banking</u> information. (Sections 2-5)

	IDs			
ID s	IDs			
	IDs			

If No is selected above, only the IDs indicated above will be associated with the banking information contained on this form.

If <u>NEW</u> customer, submit form to ISO <u>SCRequests@caiso.com</u> If <u>CURRENT</u> customer, please attach this completed form to a ticket in the CIDI application

Please allow 11 Business Days to process and complete a bank account test. After testing, the ISO requires 5 business dates to push the bank account into production.