DO NOT MAIL THIS FORM TO THE FTB **California Electronic Funds Withdrawal Payment** TAXABLE YEAR **FORM** Signature Authorization for Individuals and Fiduciaries Name of taxpaver, estate or trust SSN. ITIN. or FEIN Spouse's/RDP's name or name and title of fiduciary Spouse's/RDP's SSN or ITIN Part I **Extension Payment Information for Taxable Year 2018** 1 Electronic Funds Withdrawal (EFW) Amount 2 Withdrawal Date (mm/dd/yyyy) _ Scheduled Estimated Tax Payments for Taxable Year 2019, These are NOT installments of the current amount you owe, First Payment Second Payment Third Payment Fourth Payment 3 Amount Withdrawal Date Part III Banking Information for Electronic Funds Withdrawals from Parts I and II 5 Routing number_ 6 Account number **7** Type of account: ☐ Checking □ Savings Part IV Taxpayer or Fiduciary Declaration and Signature Authorization I authorize an EFW on the date indicated on line 2 for the amount stated on line 1, plus EFWs for the estimated payments to be made on the dates indicated on line 4, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on lines 5, 6, and 7. This authorization will remain in effect unless I contact the FTB to cancel the request. I request that the payment(s) above be deducted from the bank account on the date specified above. If this date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete. I have selected a personal identification number (PIN) as my signature for my EFW payment request. Taxpayer or fiduciary's PIN: check one box only I authorize ERO firm name Do not enter all zeros as my signature on my 2018 e-filed California EFW payment request. I will enter my PIN as my signature on my 2018 e-filed California EFW payment request. Check this box only if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part III, below. Your signature > Date > Spouse's/RDP's PIN: check one box only ☐ I authorize to enter my PIN ERO firm name as my signature on my 2018 e-filed California EFW payment request. I will enter my PIN as my signature on my 2018 e-filed California EFW payment request. Check this box only if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part III, below. Spouse's/RDP's signature

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California EFW payment request for the taxpayer(s) or fiduciary indicated above. I confirm that I am submitting this EFW payment request in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers.

Practitioner PIN Method Payments Only -- continue below

ERO's signature Date >

Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Do not enter all zeros