DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California Electronic Funds Withdrawal Payment Signature Authorization for Individuals and Fiduciaries

FORM **8879 (PMT)**

Name of taxpayer, 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 2025

1 Electronic Funds Withdrawal (EFW) Amount _____

2 Withdrawal Date (mm/dd/yyyy) _____

Part II Scheduled Estimated Tax Payments for Taxable Year 2026 These are **not** installments of the current amount you owe.

	First Payment	Second Payment	Third Payment	Fourth Payment
3 Amount				
4 Withdrawal Date (mm/dd/yyyy)				

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 Franchise Tax Board (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 _____ to enter my PIN
ERO firm name

as my signature on my 2025 e-filed California EFW payment request.

☐ I will enter my PIN as my signature on my 2025 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 electronic return originator (ERO) must complete Part V 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 2025 e-filed California EFW payment request.

☐ I will enter my PIN as my signature on my 2025 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 V below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Payments Only -- continue below

Part V Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2025 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, 2025 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

Advance Draft as of 06/19/26