

# SOUTHERN CALIFORNIA GAS COMPANY

## Electronic Funds Transfer Authorization Form

This form is used to authorize SOUTHERN CALIFORNIA GAS COMPANY (here in after, "Company") to transfer payments electronically to a supplier's financial institution.

### INSTRUCTION:

Please complete all areas below, **attach a voided check or a Bank Letter for validating Bank account information** and forward to:

SOUTHERN CALIFORNIA GAS COMPANY  
PO Box 30777 Los Angeles, CA 90030-0777

OR

[vfmpo@socalgas.com](mailto:vfmpo@socalgas.com) for PO Vendors or [VFNONPO@socalgas.com](mailto:VFNONPO@socalgas.com) for Non PO Vendors

There are new processing requirements for electronic vendor payments being forwarded to a financial institution outside of the United States. To the best of your knowledge, do you intend to forward the entire amount of the payments made to you to a financial institution outside of the United States?

NO \_\_\_\_\_ YES \_\_\_\_\_ (At this time, Company will continue to send your payments via check.)

## SUPPLIER INFORMATION

NAME: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

REMIT TO ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

COMPANY VENDOR NUMBER (if you are an existing vendor): \_\_\_\_\_

**A recent check number as received from Company:**

**A recent invoice number as presented to Company:**

TECHNICAL CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ACCOUNTS RECEIVABLE CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REMITTANCE ADVICE EMAIL ADDRESS: \_\_\_\_\_

\*If the remittance advice email address is left blank, the remittance advice will be sent to the contact email provided for vendor registration.

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ NINE DIGIT TRANSIT (ABA) NUMBER: \_\_\_\_\_

ACCOUNT TYPE:  SAVINGS  CHECKING

PAYMENT METHOD:  ACH  WIRE

### NOTES:

- Company must be notified in writing of any bank account changes/closures a minimum of 30 days in advance. Write to SOUTHERN CALIFORNIA GAS COMPANY, Accounts Payable ML GT15B9, PO BOX 30777, Los Angeles, CA 90030-0777. Bank account changes requires a new EFT Authorization Form. Payment method will revert to check until receipt of an authorized form for new financial institution.

If additional information is required from Company, please contact [AP\\_Inquiry\\_SCG@semprautilities.com](mailto:AP_Inquiry_SCG@semprautilities.com)

By my signature below, I attest that I have read the Terms and Conditions for Electronic Payment on the back of this form and agree to abide by such terms and that I have the authority to bind my company/corporation/organization to such terms.

AUTHORIZATION (PRINT NAME): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# SOUTHERN CALIFORNIA GAS COMPANY

## Terms and Conditions for Electronic Payment

Your Company agrees to accept payment by SOUTHERN CALIFORNIA GAS COMPANY (hereafter, "Company") through electronic funds transfer (EFT) and that Company may rely exclusively on the information you supplied on this authorization form. This applies to and amends all existing agreements with Company by incorporating the following terms and conditions for electronic payment.

Company will initiate payment to you based on the following:

1. The EFT will be made to the financial institution and account number on this authorization form.
2. We will make payments in accordance with, and be governed by, the National Automated Clearinghouse Association's Corporation Trade Payment Rules. Our process is governed by and in accordance with the laws, other than choice of law provision of any particular contract, of California, including the Uniform Commercial Code as enacted by the State of California and amended from time to time.
3. The information you provided on the form is very important. Company relies on this information, and it is your responsibility to verify its accuracy and keep it updated. You understand that any change in the information must be communicated to Company by an authorized representative of your company in writing to Company in time to allow Company to respond to the change. You will indemnify and hold Company harmless for any loss which may arise by reason of or in connection with error, mistake or fraud regarding this information.
4. Payment is initiated within the normal terms of our commercial agreement with you. Our EFT terms and conditions neither enlarge nor diminish the respective rights or obligations of Company within any applicable commercial agreement. The payment due date is not affected. We will consider payment made when your financial institution has received or has control of the payment transaction. This will generally occur within three (3) business days following initiation by Company.

If we initiate payment on a non-banking day at Company's originating bank, the funds transfer will occur the following banking day. In all cases, a "banking day" is defined as the day on which both partners' banks will be available to transmit and receive these funds transfers.

5. Company has the right to adjust future payments if payments previously made are found to be duplicate, in excess of requirements, fraudulent or in error.
6. Company is responsible for making all payments within this Agreement. Subject to the terms of these Terms and Conditions, Company is responsible up to the point at which your financial institution receives or has control of the transaction. Any loss at that point or after will be borne by you unless the loss is due to the sole negligence of Company or its originating bank.

You should notify Company immediately if payment is not received as described in Item 4 (above). Company shall have a reasonable time (not to exceed ten [10] business days) to make said payment.

7. EFTs can be terminated by either party, provided that notification from the party wishing to terminate the EFT is in writing and that both parties agree on the termination date in writing. Otherwise, EFTs will continue as originally specified.

Written notice to you from Company will be sent to the mailing address provided on this EFT Authorization Form.

Please send written notice to Company of your request to terminate your EFT to: SOUTHERN CALIFORNIA GAS COMPANY, **Accounts Payable ML GT15B9, PO BOX 30777, Los Angeles, CA 90030-0777**. You may also e-mail us such notification at [AP\\_Inquiry\\_SCG@Semprautilities.com](mailto:AP_Inquiry_SCG@Semprautilities.com).