

**California Health Facilities Financing Authority (CHFFA)  
Electronic Payment System (EPS)  
Enrollment Form**

To become an enrolled user of the California Health Facilities Financing Authority Electronic Payment System, please provide the requested information below:

**1) Please provide the following information**

Contact Information	
Business Name aka CHFFA Borrower (“Borrower”)	
Street Address	
City	
State	
Zip Code	
Contact Person’s Name and Title	
Phone Number	
Email Address	

Please select programs which payments are to be made:

- .....Healthcare Expansion Loan Program (HELP II)
- .....Bond Financing Program
- .....Other: \_\_\_\_\_

**2) Sign Authorization**

I am an authorized officer of the Borrower and wish to enroll the Borrower in the California Health Facilities Financing Authority Electronic Payment System.

Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

CHFFA will provide a Borrower ID number and instructions to complete the registration process after the user profile has been created in the Union Bank system.

**3) Please return this form by mail, or email to CHFFA.**

Mail to: .....915 Capitol Mall, Room 440, Sacramento, CA 95814

Email Address: .....CHFFA@treasurer.ca.gov