

## **STATE OF WASHINGTON Authorization for Electronic Funds Transfer (EFT) of Wages**

(Rev 12/03)

Employee:

- (1) Complete the upper portion of the form, sign, and date;(2) Take form to your financial institution to complete lower portion, sign and date;(3) Return completed form to Human Resources/Payroll for processing.

PAYROLL NAME (Last, First, Initial) EMPLOY		E ID NO*	AGENCY		AGENCY CODE	
EMPLOYEE'S ADDRESS					DAYTIME TELEPHONE	
*Provide your employee identification number requested to ensure accurate handling.	er if availabl	e; otherwise, volu	untary disclos	sure of your socia	al security number is	
In accordance with RCW 43.41.180, I herebelow, to transfer the full amount of my state institution for deposit in my account.						
NAME OF FINANCIAL INSTITUTION		CHECK ONE:		CHECKIN ACCOUNT		
In the event that the State may be legally ob understand that the State shall have the aut						
If the <i>electronic transmission</i> for this authori payable to me, I hereby authorize the State or seek full reimbursement by whatever me	to either with	hhold a sum equ				
If any action taken by me, without adequate the designated financial institution, I underst payments until the funds are returned to the	tand that the	State assumes	no responsib			
This authority is in force until written notifica not be in effect for any payments made on o				nination, or my d	eath. This authorization will	
EMPLOYEE'S SIGNATURE			DATE			
FINANCIA	AL INSTITU	TION TO COM	PLETE ITEM	IS BELOW		
NAME OF FINANCIAL INSTITUTION		AUTHORIZED SIGNATURE OF FINANCIAL INSTITUTION OFFICER				
PHONE NO.		TITLE/DATE				
NUMB	BER OF DEPO	OSITOR ACCOUN	T TO BE CRE	DITED		
Bank Routing Nu	mber	A	CCOUNT NUMB	er		