(Rev 12/10)

Authorization for Direct Deposit
Electronic Funds Transfer (EFT) of Wages

PAYROLL NAME (Last, First, Initial)	EMPLOYEE ID NO A_____	EMPLOYEE EMAIL ADDRESS:
EMPLOYEE'S ADDRESS		DAYTIME TELEPHONE

In accordance with RCW 43.41.180, I hereby authorize and request the State, until this authorization is revoked as described below, to transfer the full amount of my state salary, after mandatory and authorized deductions, to the designated financial institutions for deposit in my account.

YOU MAY ENTER MORE THAN ONE BANK ACCOUNT. DEPOSITS WILL BEGIN WITH THE ACCOUNT MARKED PRIORITY #1. THE LAST PRIORITY ACCOUNT MUST HAVE A DEPOSIT AMOUNT OF 100% OR REMAINING FUNDS.

NAME OF FINANCIAL INSTITUTION	DEPOSIT PER PAY PERIOD TO THIS ACCOUNT: REMAINING FUNDS ☐ $_____ DOLLARS or PERCENT _____%
Priority #	CHECKING ACCOUNT: ☐ SAVINGS ACCOUNT: ☐ Bank Routing Number Account Number

NAME OF FINANCIAL INSTITUTION	DEPOSIT PER PAY PERIOD TO THIS ACCOUNT: REMAINING FUNDS ☐ $_____ DOLLARS or PERCENT _____%
Priority #	CHECKING ACCOUNT: ☐ SAVINGS ACCOUNT: ☐ Bank Routing Number Account Number

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NAME OF FINANCIAL INSTITUTION	DEPOSIT PER PAY PERIOD TO THIS ACCOUNT: REMAINING FUNDS ☐ $_____ DOLLARS or PERCENT _____%
Priority #	CHECKING ACCOUNT: ☐ SAVINGS ACCOUNT: ☐ Bank Routing Number Account Number

In the event that the State may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that the State shall have the authority to immediately terminate any transfer made under this authorization.

If the *electronic transmission* for this authorization for any reason results in an overpayment of salary or wages actually due and payable to me, I hereby authorize the State to either withhold a sum equal to the overpayment from my next state salary payment or seek full reimbursement by whatever means is appropriate.

If any action taken by me, without adequate notification to my agency payroll office, results in non-acceptance of the transfer by the designated financial institution, I understand that the State assumes no responsibility for processing supplemental payroll payments until the funds are returned to the agency by the financial institution.

This authority is in force until written notification is received from me regarding its termination, or my death. This authorization will not be in effect for any payments made on or after separation from this agency.

EMPLOYEE'S SIGNATURE	DATE