



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.

Printed Name

**The Evergreen State College Payroll**      A#

**The following information is REQUIRED in order to complete your request:**

1. *Indicate whether your pay will be deposited in your checking or savings account*
2. *Attach a voided check or printout from your bank*
3. *Sign the form*

Set-up typically takes one or two payroll cycles to process. Do not consider your direct deposit account set up until you have personally confirmed it with your bank.

**Direct Deposit Sequence No. 1**

New       Change       Cancel

Routing number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Type:  Checking       Savings      Account Number: \_\_\_\_\_

Deposit Rule:  Available Balance       Percent Amount \_\_\_\_\_%       Dollar Amount \$ \_\_\_\_\_

**Direct Deposit Sequence No. 2**

New       Change       Cancel

Routing number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Type:  Checking       Savings      Account Number: \_\_\_\_\_

Deposit Rule:  Available Balance       Percent Amount \_\_\_\_\_%       Dollar Amount \$ \_\_\_\_\_

**Direct Deposit Sequence No. 3**

New       Change       Cancel

Routing number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Type:  Checking       Savings      Account Number: \_\_\_\_\_

Deposit Rule:  Available Balance       Percent Amount \_\_\_\_\_%       Dollar Amount \$ \_\_\_\_\_

**Staple Voided Check(s) Here**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_