STATE OF WASHINGTON

Authorization for Electronic Funds Transfer (EFT) of Wages

PRINT

RESET

(Rev 11/08)

Employee: *(1) Complete the upper portion of the form, sign, and date.*
(2) Have your financial institution complete the lower portion, or attach a voided check (see below).
(3) Deliver the completed form to Payroll

Payroll: *(1) Ensure that the employee receives a copy of the completed form.*

PAYROLL NAME (Last, First, Initial)	EMPLOYEE ID NO*	AGENCY LOWER COLUMBIA COLLEGE	AGENCY CODE 657
EMPLOYEE'S ADDRESS			DAYTIME TELEPHONE

*Provide your employee identification number if available.

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 institution for deposit in my account.

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 State discovers that the *electronic transmission* for this authorization for any reason will result in an overpayment of salary or wages actually due and payable to me, I hereby authorize the State to either process a reversing transaction that will result in sending the net pay amount back to the state, or seek full reimbursement of the overpayment by whatever means is appropriate.

If any action taken by me or my financial institution, 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.

EMPLOYEE'S SIGNATURE	DATE

Banking information can be provided in one of two ways: ***Note: The completed form is valid only if items a) or b) are completed.***

a) Your financial institution completes the bottom section, or;
b) Attach a voided check. *Note: A deposit slip is not a valid substitution for a voided check.*

NAME OF FINANCIAL INSTITUTION:	CHECK THE TYPE OF ACCOUNT TO BE DEPOSITED:
	☐ CHECKING ACCOUNT ☐ SAVINGS ACCOUNT

ATTACH VOIDED CHECK BELOW OR REQUEST FINANCIAL INSTITUTION TO COMPLETE

AUTHORIZED SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE TITLE/DATE

NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Bank Routing Number **Account Number**