

## Authorization for Electronic Funds Transfer (EFT) of Wages

(Rev 12/03)

Employee:

- (1) Complete the upper portion of the form, sign, and date:
- (2) Attach a voided check (for checking account routing) or a deposit slip (for savings account routing) and send the completed form to your Payroll Office.

PAYROLL NAME (Last, First, Initial)	EMPLOYEE ID NO*	AGENCY	AGENCY CODE
EMPLOYEE'S ADDRESS	/ Sc.		DAYTIME TELEPHONE
Provide your employee identification nur equested to ensure accurate handling.	mber if available; otherwise, v	oluntary disclosure of	your social security number is
n accordance with RCW 43.41.180, I he below, to transfer the full amount of my s institution for deposit in my account.			
NAME OF FINANCIAL INSTITUTION	CHECK ONE:		CHECKING SAVINGS ACCOUNT
n the event that the State may be legally understand that the State shall have the state shall have the state electronic transmission for this authorize to me, I hereby authorize the State payment or seek full reimbursement by we shall be a state of the state of th	authority to immediately terminorization for any reason resulate to either withhold a sum exhatever means is appropriate	inate any transfer made Its in an overpayment o qual to the overpaymen	e under this authorization.  of salary or wages actually due a  nt from my next state salary
f any action taken by me, without adequate the designated financial institution, I unde bayments until the funds are returned to the second control of the funds are returned to the funds are returned	erstand that the State assume	es no responsibility for	
This authority is in force until written notif will not be in effect for any payments mad			, or my death. This authorization
EMPLOYEE'S SIGNATURE DA		DATE	
FINANC	CIAL INSTITUTION TO CO	MPLETE ITEMS BELO	)W
NAME OF FINANCIAL INSTITUTION	AUTHORIZED TITLE/DATE	SIGNATURE OF FINANCI	AL INSTITUTION OFFICER
NU	MBER OF DEPOSITOR ACCOU	NT TO BE CREDITED	
8976 Bt 17 Bt 45 Bt			1 1 1 0