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) Attach a deposit slip and send the completed form to your Payroll Office.*

| PAYROLL NAME (Last, First, Initial) | EMPLOYEE ID NO* | AGENCY<br>Everett Community College | AGENCY CODE<br>605 |
|---|---|---|---|
| EMPLOYEE'S ADDRESS | | | DAYTIME TELEPHONE |

*Provide your employee identification number if available; otherwise, voluntary disclosure of your social security number is requested to ensure accurate handling.

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.

| NAME OF FINANCIAL INSTITUTION | CHECK ONE: ☐ CHECKING ACCOUNT ☐ SAVINGS 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 *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 |
|---|---|

## FINANCIAL INSTITUTION TO COMPLETE ITEMS BELOW

| NAME OF FINANCIAL INSTITUTION | AUTHORIZED SIGNATURE OF FINANCIAL INSTITUTION OFFICER<br><br>TITLE/DATE |
|---|---|

**NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**

**Bank Routing Number** **Account Number**

Instructions for completion:

1. Employee completes first section with name, social security number, address, type of account, signature, and date.
2. Financial institution (bank, credit union, etc.) completes the second section with their name, signature, title, date, and employee's account number.
3. Employee then attaches a deposit slip before returning this form to the Payroll Office.

**The next paycheck issued after the Electronic Fund Transfer information is entered into the computer will not be deposited. Instead a "dummy transaction" will be sent to the bank so they have a chance to verify the numbers. If O.K. your next check will be deposited and you will receive an "advice" which will contain your payroll information that is located on your earnings statement.**