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INSTRUCTIONS FOR COMPLETING THE VENDOR/PAYEE DIRECT DEPOSIT AUTHORIZATION FORM

The Direct Deposit Authorization form should be used to perform one of the following:

- Set-Up Direct Deposit Payment
- Modify existing Direct Deposit arrangements
- Cancel Direct Deposit and re-instate payment through U.S. mail

<u>Please Note: If writing instead of typing, please PRINT clearly in Dark Blue or Black Ink. Forms will not be</u> <u>accepted if they have whiteout, have been crossed off, or have been written over.</u>

PART A Identification Details:

- You MUST provide your Statewide Vendor Number unless this form accompanies a new registration.
- If you do not know your Statewide Vendor Number use the link provided -<u>http://ofm.wa.gov/vendorlookup</u>
- You MUST provide your legal name as it appears with the IRS.
- Please provide your DBA if you have one.
- You MUST provide your Social Security Number (SSN) OR Employer Identification Number (EIN). Do not provide both.

PART B Payment Option:

• Check the box indicating your preferred method of payment.

PART C Direct Deposit Information and Signature:

- If you checked Direct Deposit in Part B, fill out **all** fields in Part C.
- Please note that if the Account type is left blank we will default to checking account.
- Please note that if Payment type is left blank, we will default to corporate/business payment.
- Please sign with a pen (a "wet signature"). Stamped, inserted or electronic signatures will not be accepted.

Please Note: Forms must be signed in order for any changes to take effect.

For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5 OR

Any other questions, please contact the agency you are expecting payment from.

Submitting the Vendor/Payee EFT Form:

- Please PRINT and SIGN the completed form
- SCAN to PDF format and EMAIL to: payeeforms@ofm.wa.gov OR
- FAX to: (360) 664-3363 OR
- MAIL to: Statewide Payee Registration, PO Box 41450, Olympia, WA 98504-1450





Office of Financial Management Better information. Better decisions. Better government. Better Washington.

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Important Note: For changes to existing banking arrangements you will be contacted via the Email or Telephone Number or Physical Mailing Address on file to verify the change. Changes will not take effect until they are successfully verified with the contact person on file.

PART A: Enter Identification Details - ALL FIELDS REQUIRED

	wv	
STATE VENDOR NUMBER:		
LEGAL NAME:		
Doing Business As (DBA):		
Taxpayer Identification Number: (SSN or EIN - no hyphens)		
PART B: Select Payment Option		
Direct Deposit to bank (recommended)		
Check in US mail (terminates any previous banking information on file)		
PART C: For Direct Deposit, complete	e all fields below then print a	and sign
In addition to providing your banking information on this form, you may also attach a voided check.		
Financial Institution Name – must be a US institution	Financial Institution Telephone Number	I. M. Wired 1234 Anywhere Avenue Anyville, Anystate 56789 PAY TO THE ORDER OF AnyBank USA
Routing Number – see example at right	Account Number – see example at right	Anywhere, USA
Account Type Checking Payment Type PPD (Personal)	Savings CCD (Corporate/Business)	Routing number Account Number
Authorization for Direct Deposit		(nine digits) (can vary in length)

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorized Representative (Please Print)

Title

SIGNATURE of Authorized Representative (No stamped or electronic signatures please)

Date