



Office of Financial Management

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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

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

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 - <http://ofm.wa.gov/vendorlookup>
- 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

PLEASE
DO NOT
STAPLE



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VENDOR/PAYEE DIRECT DEPOSIT AUTHORIZATION FORM

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

STATE VENDOR NUMBER:

S	W	V									-		
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LEGAL NAME: _____

Doing Business As (DBA): _____

Taxpayer Identification Number:
(SSN or EIN - no hyphens)

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PART B: Select Payment Option

- Direct Deposit to bank (recommended)
- Check in US mail (terminates any previous banking information on file)

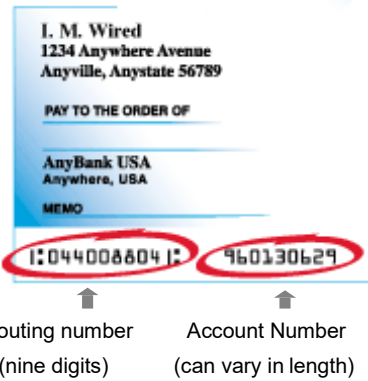
PART C: For Direct Deposit, complete all fields below then print and sign

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

_____ _____
Routing Number – see example at right Account Number – see example at right

Account Type Checking Savings
Payment Type PPD (Personal) CCD (Corporate/Business)



Authorization for Direct Deposit

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