

Note: once this form is received, you will be mailed one more paper check.

## STATE OF WASHINGTON ELECTRONIC FUNDS TRANSFER OF SALARY AUTHORIZATION

		0	F SALARY AUTHORIZAT	TON		
EMPLOYEE:	the summary of your deductions-and we can provide that to you.  (2) Complete the upper portion of the form, sign and date.  (3) If possible, have the designated financial institution complete the lower portion of the form yourself, PLEASE double check the numbers.  (4) Keep with your application packet or return the completed form to:  1300 Fifth					
Payroll Nam	e (Las	t, First, Initial)	Social Security Number	Agency WVC	Agency Code 686	
Employee A	ddress	3				
below, to tra institution for In the event	nsfer t depos that th	he full amount of my state sit in my:  Checking Account	salary, after mandatory ar	Savings Acco	y salary payment for any reason,	
In the event to mayable to may	hat the	e exercise of this authorization reby authorize the State to eit	n for any reason results in her:	an overpayment	of salary or wages actually due an	
	,	ithhold a sum equal to the ove				
f any action t designated fir payments unti	aken bancial the fu	institution, I understand the inds are returned to the agend	fication to WVC payroll of at the State assumes no cy by the financial institution received from me regarding	ifice, results in no o responsibility fon. ng its' termination,	on-acceptance of the transfer by the processing supplemental payrous or my death. This authorization w	
Employee Signature				Date		
			TON TO COMPLETE IT			
Name of Fir	ancial	Institution	Authorize	d Signature of Fin	ancial Institution Officer	
Address			Title/Date	Title/Date		
		NI IMBED OF DE			NTED	

Routing Number Account Number