



STATE OF WASHINGTON

# Authorization for Automated Clearing House (ACH) Direct Deposit of Wages

Please select how you want to receive your first check:

In person

Mail

Your first check will be mailed to you if no option is selected.

- Employee:** (1) Complete the upper portion of the form, sign, and date.  
 (2) Complete the lower portion, or attach a voided check (see below).  
 Your financial institution may assist you with completion of the lower portion.  
 (3) Deliver the completed form to your Payroll Office.
- Payroll:** (1) Ensure that the employee receives a copy of the completed form.

PAYROLL NAME (Last, First, Initial)	EMPLOYEE ID NO*	AGENCY	AGENCY CODE
		Bates Technical College	695

\*Provide your employee identification number if available.

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.

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 State discovers that the *electronic transmission* for this authorization for any reason will result in an overpayment of salary or wages actually due and payable to me, I hereby authorize the State to either process a reversing transaction that will result in sending the net pay amount back to the state, or seek full reimbursement of the overpayment by whatever means is appropriate.

If any action taken by me or my financial institution, 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.

If PAY CARD is selected below, the pay card merchant will verify the information provided to identify me. I understand the rules and applicable fees are in the terms and conditions of the pay card merchant. I understand that US Bank Focus Card™ Visa Payroll Card terms and conditions can be found at <http://www.usbankfocus.com>. I understand the pay card is intended for deposit of payroll and other state-initiated payments. By signing this authorization and selecting PAY CARD below I agree to abide by the cardholder terms and conditions. I understand and agree that Focus Card is a service provided by US Bank to me and I agree to pay any and all fees incurred through use of the card, and to hold the State of Washington and its agencies and officers harmless for any and all costs, fees, or damages incurred through the use of the card.

**Banking information can be provided as follows: Note: The completed form is valid only if items a) or b) are completed.**

- a) If selecting ACH to your existing financial institution, complete the bottom section. Your financial institution can provide the correct routing number and account number suitable for ACH. You may also attach a voided check.
- b) If PAY CARD is selected, information is to be completed by agency Payroll/Human Resources

NAME OF FINANCIAL INSTITUTION	CHECK THE TYPE OF ACCOUNT TO BE DEPOSITED:		
	<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT	<input type="checkbox"/> PAY CARD (if offered by your agency)

ROUTING TRANSIT NUMBER (must be 9 digits, see reverse)	ACCOUNT NUMBER (as required by financial institution for ACH, see reverse)

EMPLOYEE'S SIGNATURE	DATE

**ACH Information:**

**What should I do if my account information changes?**

If your deposit account information changes for any reason, you must notify your payroll office immediately.

If your account is closed or frozen, the account or routing number is changed, or your account is otherwise unable to receive deposits and you do not notify your agency payroll office one week before the established pay date, your agency may not be able to change the payment information before the payment is sent.

If the payment is sent to the wrong account because you did not inform the payroll office of a change with sufficient time to change the payment information, the state is not responsible for the payment until it is returned by the financial institution.

If a payment is rejected or returned by your institution, the state cannot release payment to you until the funds have been returned to the state—usually 3-4 banking days.

**How long will it take to set up my account?**

If you choose Pay Card, your agency will set up your account right away. Once you receive the card package in the mail (7-10 days), activate your card following the instructions enclosed in the packet, and notify your payroll office so your Focus Card account can be funded.

No matter what type of ACH account you choose (checking, savings, Pay Card) the payroll system must validate the account exists. This can take from three to ten days. Until this process completes, you will receive a paper warrant for your net pay on pay day.

**US Bank Focus Card**

**Terms and Conditions**

Detailed terms and conditions for use of the Focus Card are available by visiting the US Bank Cardholder Services website here: <http://www.usbankfocus.com> These terms and conditions constitute an agreement between you and US Bank for the voluntary use of their banking services.

If you are transferring agencies, you should inform both agency payroll offices immediately. This will allow your account to be reissued under the new employing agency. Delayed agency notification may cause fees to be charged to your Focus Card account.

**Check Routing and Account Number Examples:**

YOUR NAME PRE-PRINTED		4444
HOMETOWN USA		
PAY TO THE ORDER OF: _____		
_____ Dollars		\$ <input type="text"/>
X _____		
⑆ 1 2 3 4 5 6 7 8 9 ⑆	1 5 5 8 8 4 5 6 ⑆	4 4 4 4

Routing Number

Account Number

Check Number

YOUR NAME PRE-PRINTED		4444
HOMETOWN USA		
PAY TO THE ORDER OF: _____		
_____ Dollars		\$ <input type="text"/>
X _____		
⑆ 1 2 3 4 5 6 7 8 9 ⑆	0 0 4 4 4 4 ⑆	1 0 9 0 0 1 2 3 4 5 6 1 ⑆

Routing Number

Check Number

Account Number