



STATE OF WASHINGTON
Authorization for
Electronic Funds Transfer (EFT) of Wages

Washington Service Corps

PAYROLL NAME (Last, First, Initial)	SOCIAL SECURITY NUMBER	AGENCY N/A	AGENCY CODE N/A
EMPLOYEE'S ADDRESS N/A			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 AmeriCorps living allowance from the State, after mandatory and authorized deductions, to the designated financial institution for deposit in my account.

NAME OF FINANCIAL INSTITUTION	CHECK ONE:
	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> 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 living allowance, 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 living allowance 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.

NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Bank Routing Number

Account Number

MEMBER'S SIGNATURE

DATE

The diagram shows a check with the following fields and labels:

- Your Name
- Your Address
- 1001 (Check Number)
- DATE
- PAY TO THE ORDER OF
- \$ [] (Amount)
- DOLLARS
- Your Bank Name
- MEMO
- ⑆ 123456789 ⑆ 0000987654321 ⑆ 1001 (Routing and Account Numbers)
- 9 Digit Routing Number
- Your Account Number
- Check Number