



Instructions for Completing the Supplier Direct Deposit Authorization Form

The Direct Deposit Authorization Form should be used to perform the following:

- Set-Up Direct Deposit Payment.
- To change your bank account.
- Cancel direct deposit and reinstate payments by check.

Note:

If writing instead of typing, PRINT clearly in blue or black ink only. 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 Supplier Number unless this form accompanies a new registration. If you do not know your Supplier Number use the [SUPPLIER LOOKUP](#) page.
- You MUST provide your legal name as filed with the IRS.
You MUST provide your DBA if you have one.
- You MUST provide your 9-digit Social Security Number (SSN) OR Employer Identification Number (EIN).
Do NOT provide both. Do NOT include any hyphens.

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.
- Your bank's name is required.
- If the Payment type is left blank, we will default to corporate / business payment.
- If the Account type is left blank, we will default to checking account.

Important: After confirmation, it will take three to five business days for your direct deposit to activate.

Signature Block:

Sign with a pen (a “wet signature”). Electronic, inserted or stamped signatures will not be accepted. This form is not considered valid unless it is signed.

Submitting the Supplier Direct Deposit Authorization Form:

PRINT and SIGN the completed form then

- SCAN to PDF format and EMAIL to: supplierforms@ofm.wa.gov
 - FAX to: (360) 664-3363
 - MAIL to: Statewide Registration, PO Box 41450, Olympia, WA 98504-1450
- OR
- COMPLETE ELECTRONICALLY via DocuSign through our website at www.ofm.wa.gov/statewideregistration

For questions about the form, contact the Statewide Registration Unit at (360) 407-8180. For any other questions, contact the agency you are expecting payment from.



PLEASE DO NOT STAPLE

Supplier Direct Deposit Authorization Form

Important: For changes to current banking information, you will be contacted via your email or physical mailing address to confirm any changes. Banking changes will not take effect until we verify the new information with the contact person on file.

PART A: Enter Identification Details – ALL FIELDS REQUIRED (Except SPL on new registration)

New registration? ☐ Yes ☐ No (if no, enter your SPL number)

Supplier Number:

SPL

Legal Name: _____

DOING BUSINESS AS (DBA): _____

Taxpayer Identification Number:
(SSN or EIN, do not include 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 all fields below then print and sign

In addition to providing your banking information on this form, you may also attach a voided check.

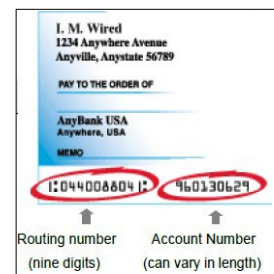
Payment Type: ☐ PPD (Personal) ☐ CCD (Corporate/Business)

Financial Institution Name – must be a US institution: _____

Account Type: ☐ Checking ☐ Savings

Routing number – see example at right: _____

Account Number – see example at right: _____



Authorization for Direct Deposit

I hereby authorized 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 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

Date: This form is valid for 90 days