WASHINGTON STATE
Office of Financial Management

Supplier Direct Deposit Authorization Form

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, please 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 Statewide Vendor Number unless this form accompanies a new registration.
- If you do not know your Statewide Vendor Number use the VENDOR LOOKUP page.
- Business or Individual Name (as submitted for your SWV#): Check one box and fill in the matching field.
    - Legal Business Name – if registering as a business or organization (payment goes to the business).
    - Individual's Name – if registering as an individual (payment goes to you personally).
- You must provide your DBA if you have one.
- You MUST provide your Social Security Number (SSN) OR Employer Identification Number (EIN).

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 Account type is left blank, we will default to Checking account.
- If the Payment type is left blank, we will default to Corporate/Business payment.

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

Signature Block:

- Please 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:
Please PRINT and SIGN the completed form
SCAN to PDF format and EMAIL to: supplierforms@ofm.wa.gov
FAX to: (360) 664-3363 OR
MAIL to: Statewide Registration, PO Box 41450, Olympia, WA 98504-1450.

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

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Important: For changes to existing banking arrangements, you will be contacted via email or mailing address on file to verify the change. Changes will not take effect until they are verified with the contact person on file.

PART A: Enter Identification Details – ALL FIELDS REQUIRED (Except SWV# on new registrations)

Do you have a Statewide Vendor Number (SWV#)?

☐ **No:** Submit a Registration Form before or with this form. ☐ **Yes:** SWV# is required to add direct deposit.

Statewide Vendor Number: **S W V** _____ - _____

Business or Individual Name (as originally submitted):

☐ Legal Business Name: _____

☐ Individuals Name:

First Name: _____ Last Name: _____

Doing Business As (DBA): _____

Taxpayer Identification Number: (SSN or EIN): _____

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

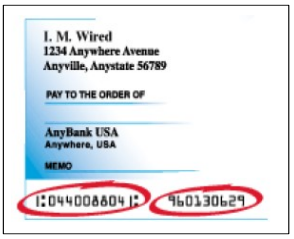
In addition to providing your banking information on this form, you may also attach a voided check.

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 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