The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.

State of Washington

# Community Colleges of Spokane

# DIRECT DEPOSIT AUTHORIZATION

Agency: **CCS**
Agency code: **676**

**EMPLOYEE:**
1. Complete the upper portion of the form, sign and date.
2. Have your financial institution complete the lower portion, or attach a voided check (see below).
3. Deliver the completed form to your Payroll Office, MS 1006.

**PAYROLL:**
1. Ensure that the employee receives a copy of the completed form.

**Payroll name**_____
Last First Initial

**Employee's address**_____
Street City State ZIP

**Daytime telephone**_____ **Employee ID number*** ☐☐☐ – ☐☐ – ☐☐☐☐

* Provide your employee identification number if available.

In accordance with RCW 43.41.180, I hereby authorize and request CCS, 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 CCS 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 CCS to either process a reversing transaction that will result in sending the net pay amount back to CCS, 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 the CCS payroll office, results in non-acceptance of the transfer by the designated financial institution, I understand that CCS assumes no responsibility for processing supplemental payroll payments until the funds are returned to CCS by the financial institution.

This authority is in force until written notification is received from me regarding its termination, or my death.

**Employee's signature**_____ **Date**_____

**Banking information can be provided in one of two ways:** (***Note: The completed form is valid only if items (a) or (b) are completed.***)
a. Your financial institution completes the bottom section, **or**;
b. Attach a voided check. *Note: A deposit slip is not a valid substitution for a voided check.*

**Name of financial institution**_____

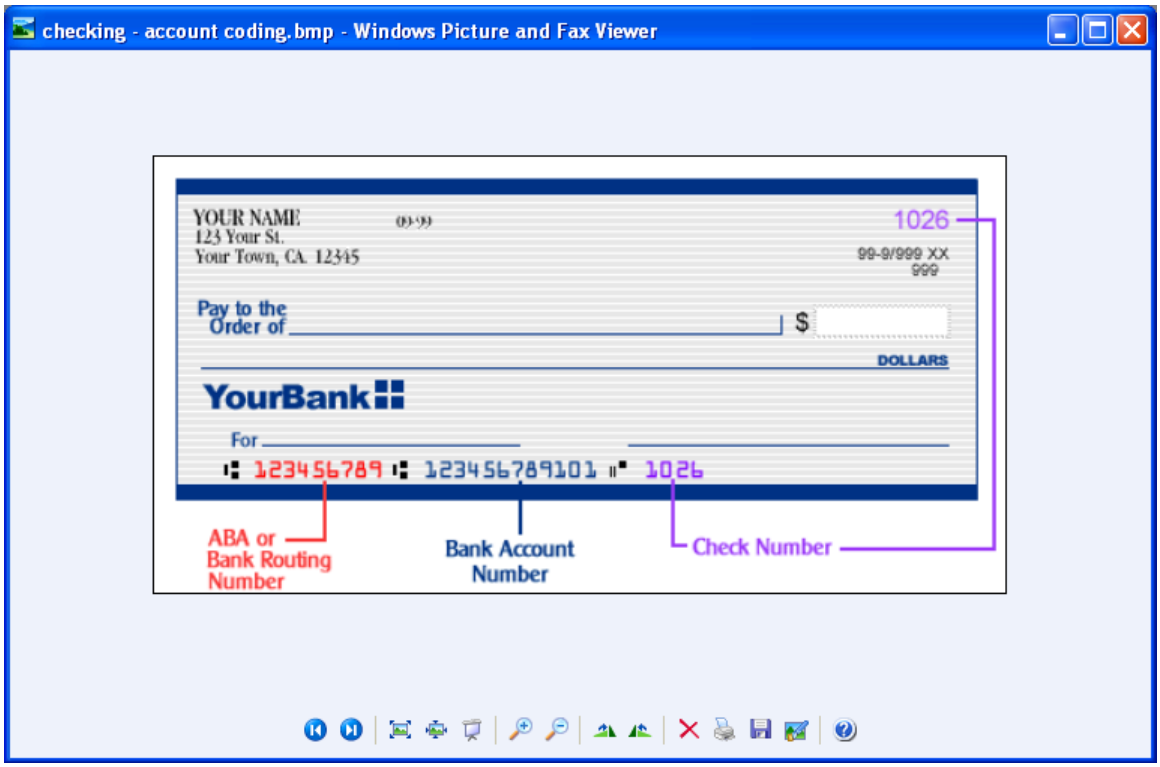
**Check the type of account to be deposited:** ❑ **Checking account** ❑ **Savings account**

## FINANCIAL INSTITUTION TO COMPLETE ITEMS BELOW

**Authorized signature of financial institution representative**_____

**Title**_____ **Date**_____

**NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**

**Bank Routing Number** **Account Number**

**The Direct Deposit Authorization Form requires information regarding your Bank Routing Number and Check number. These numbers can be located on your Checks as shown below.**