

WSAC Direct Deposit Agreement Form

Contractor Name: _____

Authorization Agreement

I hereby authorize **the Washington State Association of Counties (WSAC)** to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize **WSAC** to make withdrawals from this account(s) in the event that a credit entry is made in error.

Further, I agree not to hold **WSAC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account(s).

This agreement will remain in effect until **WSAC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

Depository Account

Name of Financial Institution: _____

Name on Account: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Special Instructions:

Signature

Authorized Signature: _____ Date: _____

Please return this form to the Finance Department at finance@wsac.org.