

## 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](mailto:finance@wsac.org).**