



Office of Financial Management

Better information. Better decisions. Better government. Better Washington.

INSTRUCTIONS FOR COMPLETING THE VENDOR/PAYEE DIRECT DEPOSIT AUTHORIZATION FORM

The Direct Deposit Authorization form should be used to perform one of the following:

- Set-Up Direct Deposit Payment
- Modify existing Direct Deposit arrangements
- Cancel Direct Deposit and re-instate payment through U.S. mail

Please Note: If writing instead of typing, please PRINT clearly in Dark Blue or Black Ink. 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 link provided - <http://ofm.wa.gov/vendorlookup>
- You **MUST** provide your legal name as it appears with the IRS.
- Please provide your DBA if you have one.
- You **MUST** provide your Social Security Number (SSN) OR Employer Identification Number (EIN). Do **not** provide both.

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.
- Please note that if the Account type is left blank we will default to checking account.
- Please note that if Payment type is left blank, we will default to corporate/business payment.
- Please sign with a pen (a **"wet signature"**). Stamped, inserted or electronic signatures will **not** be accepted.

Please Note: Forms must be signed in order for any changes to take effect.

***For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5
OR***

Any other questions, please contact the agency you are expecting payment from.

Submitting the Vendor/Payee EFT Form:

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

Better information. Better decisions. Better government. Better Washington.

S	W	V							-	
---	---	---	--	--	--	--	--	--	---	--

--	--	--	--	--	--	--	--	--

[illegible]

OFM FORM (Rev. 01-04-2021)