

Edmonds Community College - PAYMENT AUTHORIZATION FORM

Fill out this form and return to HR. If you do not have an active bank account on file or have not signed up for direct deposit, you will automatically be issued a Focus[®] Card after two pay periods. Your Focus Card will be in HR for you to pick up in 5-7 days. It may take 1-2 pay cycles for funds to be deposited to your card.

Employee Information (Please print clearly using black ink.)

First Name:	Last Name:	
Address:	Apt. #::	
City:	State:	Zip Code:
Home Phone:	Work Phone:	
Email Address:		
Social Security Number:	Date of Birth:	

Two Convenient Options

To receive your pay via direct deposit or to enroll for the Focus Card, please fill out your account information in the section provided below (you may choose either direct deposit or the Focus Card). **If choosing direct deposit, please attach a voided check or copy of check here. Do not attach a deposit slip, the routing number is not always correct. If you do not have a voided check or copy of a check, please have an authorized bank representative fill in your account information and sign the Bank Representative Signature line below.**

Direct Deposit By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each pay day. Fill out your account information below:

Bank Name:	Account Number:
ABA Routing/Transit #:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Representative Signature (if no check is attached):	

Focus Card With the Focus Card, your pay will be deposited onto a prepaid Visa[®] card. The Focus Card can be used to make purchases or get cash everywhere Visa debit cards are accepted worldwide. It's not a credit card and there is no cost to enroll.

In accordance with RCW 43.41.180, I hereby authorize and request the State, 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 the State 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 the State to either process a reversing transaction that will result in sending the net pay amount back to the state, 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 my agency payroll office, results in non-acceptance of the transfer by the designated financial institution, I understand that the State assumes no responsibility for processing supplemental payroll payments until the funds are returned to the agency by the financial institution. I understand that my first payment subsequent to receipt of this form by the Bellevue College Payroll office will still be in the form of a check. Thereafter, dependent upon successful prenote completion, I will receive payment by direct deposit. I agree that it is my responsibility to confirm each payment, and will not hold the College liable for any charges as a result of direct deposit failure. I also understand that any check issued outside of regular payroll processing will be in the form of a paper check and will not be direct deposited. I further understand that the College has the right to pay my final payroll payment upon my termination in the form of a check, and that it is my responsibility to verify method of final payment upon my termination from the College. I will not hold the College liable for any charges as a result of my failure to verify payment method upon my termination. This authority is in force until written notification is received from me regarding its termination, or upon my death.

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Signature:	Date:
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