Washington State Treasurer's Office
ACH Debit/Credit Authorization Agreement

Name	Contact Person
Address	Title
City	Telephone Number
State Zip	E-mail Address

I hereby authorize the Washington State Treasurer's Office (WSTO) to initiate debit/credit entries to our (☐) checking, (☐) savings, (☐) general ledger (select one) account indicated below at the depository financial institution (DFI) named below and to debit/credit the same to such account. WSTO is authorized to reverse the full amount of any debit/credit made in error. If a reversal action is required, WSTO will notify the receiver of the error and reason for reversal. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Depository Name

Transit Routing Number

Account Number

This authority shall apply to all debit/credit entries received from WSTO (mark all that apply)

☐ CD Program   ☐ Linked Deposits
   Surplus Funds

This authorization is to remain in full force and effect until WSTO has received written notification from us of its termination in such time and in such manner as to afford WSTO and the DFI a reasonable opportunity to act on it.

Authorization (Print)	Title (Print)
Authorization Signature on Account	Date

PLEASE RETURN THIS FORM TO:
State Treasurer's Office
PO Box 40200
Olympia, WA 98504

Email:
staci.ashe@tre.wa.gov