

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER**  
**Direct Deposit Payroll & Other Payroll Expenses**

**Date:** \_\_\_\_\_

**District/Department:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Authorization is given for the Yakima County Treasurer to process the Electronic Funds Transfer listed below:

**Effective Date of Transfer:** \_\_\_\_\_  
(Request must be received by the Treasurer's Office two days prior to effective date.)

**Fund Number:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**ABA Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Transfer Amount(s):**

|                |          |
|----------------|----------|
| Payroll        | \$ _____ |
| Payroll Taxes  | \$ _____ |
| Retirement     | \$ _____ |
| Deferred Comp. | \$ _____ |
| HSA            | \$ _____ |
| Child Support  | \$ _____ |
|                | \$ _____ |

(Please Specify)

**Total Amount of Electronic Transfer:** \$ \_\_\_\_\_

**Authorizing Signatures (No facsimile signatures accepted):**

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Auditing Officer

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Board of Directors

Note: The Yakima County Treasurer's Office must receive the completed ACH authorization by 12:00 noon, two (2) business days prior to effective date with accompanying Certification Page.

Contact Information for Treasurer's Accounting Division  
Telephone Number: 509-574-2780  
Treasacc@co.yakima.wa.us