

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):

Auditing Officer

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