



**Vendor ACH/EFT Direct Deposit Authorization Form**  
**Accounts Payable**

**1. Please Check One**

NEW Direct Deposit                       CHANGE Direct Deposit                       CANCEL Direct Deposit

**2. Vendor/Payee Information**

**Name/Company:**

**Address:**

**Contact Persons Name (if other than Payee):**

**Telephone Number:**

**Email Address:**

**3. Financial Institution Information**

**Bank Name:**

**Bank Address:**

**Name on Bank Account:**

**Bank Account #:**

**Nine (9) Digit Bank Routing/Transit Number (ABA):**

**Type of Account:**                       **Checking**                       **Savings**

**4. Approvals/Authorizations** – I certify that the information provided on this form is correct, and I hereby authorize the Washington State Bar Association – Accounts Payable/Admin Dept. to electronically deposit payments to the Bank Account designated above. It is my responsibility to notify WSBA – AP ([ap@wsba.org](mailto:ap@wsba.org) or (206) 727-8274) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify WSBA- AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until WSBA - AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important Information**

Please return the completed form: [Here](#)

**For Accounts Payable Use Only** **Date Stamp - Received**

**AP Reviewed and Approved:**

  
  

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

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