

Electronic Funds Transfer Authorization Agreement



Department of Human Resources
Safety & Claims, Workers' Compensation

Return completed by fax: (206) 296-0514

Or mail to: DES/HRD - Safety & Claims Management
500 - 4th Ave, Room 500
M/S ADM-ES-0500
Seattle, WA 98104

**Please allow five (5) business days
(1 calendar week) for processing**

Select One:		New EFT Authorization		Revision to Current Authorization	
EMPLOYEE'S REMIT TO INFORMATION					
Payee Name				PeopleSoft ID #	
Phone #				Claim #	
Address 1			City		
Address 2			State	Zip Code	
Email Remittance Advice To					
DEPOSITORY INSTITUTION INFORMATION					
Name on Bank Account (if different than above)					
Financial Institution			Bank Transit Routing #		
Account Type:	Checking	Savings	Bank Account #		
EMPLOYEE AUTHORIZATION ACKNOWLEDGEMENT					
<p>I, the undersigned Employee, hereby authorize King County (hereinafter referred to as the County) to make Workers' Compensation Disability payment by using, at the County's option, Electronic Funds Transfer (EFT).</p> <p>I agree to provide the County with written notification of any change in my depository institution, payment instructions, or remittance data instructions by submitting this form with revisions at least five (5) business days (1 calendar week) in advance of changes.</p> <p>In the event of duplicate or fraudulent payment, overpayment, or any payment made in error, I agree to return payment to the County upon discovery or after the County provides sufficient information to support its claim.</p> <p>I accept that payment made to an incorrect account as listed above are timely and complete.</p>					
Name and Title					
Signature					Date

King County FBOD P&P Use Only	Agency Contact				
	PCSS Service Request			Supplier Number	
	Site name	ACH			