

## ACH Payment Plan (Direct Debit) Authorization Agreement

You can use this form to initiate or change ACH banking information. Send this completed form to:

## Revenue Accounting Department of Licensing PO Box 9048 Olympia, WA 98507-9048

Company/Individual name		Branch (if applicable)			
Company/Individual address					
City			State	ZIP code	
Company contact name		(Area code) Telephone numb	ea code) Telephone number Email address		
Company contact name		(Area code) Telephone numb	er Email add	Email address	
Purpose of ACH					
Financial institution name	Account name		Account	Account number	
Account type Checking Savings GL	Bank ABA number/Transit/Routing number (including check digit)				
Financial institution contact name		(Area code) Telephone numb	er Email add	dress	

This authorization is effective until terminated by this Department or the company/individual named above. If terminated by the company/individual, we must be notified 30 days before the termination date.

I authorize the Department of Licensing to initiate debit entries to the account indicated at the bank or credit union named above. I acknowledge that the debit entries must comply with United States law.

PRINT or TYPE name of company officer or individual		PRINT or TYPE name of company officer		
Title X		Title		
Signature of company officer or individual	Date	Signature of company officer	Date	

Department use only					
Contract number	Accounting assigned ID code	Date forwarded to Accounting			
Print name of Department representative	Signature	Date			
	X				