Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

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 number	Email address	
Company contact name	(Area code) Telephone number	Email address	
Purpose of ACH ☐ UCC ☐ Vehicle electronic titles ☐ Vehicle mail-in processing ☐ Drivers ☐ Agents/Subagents ☐ Firearms			
Financial institution name	Account name	Account number	
Account type ☐ Checking ☐ Savings ☐ GL	Bank ABA number/Transit/Routing number (*including check digit*)		
Financial institution contact name	(Area code) Telephone number	Email address	

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

Title

X **When you have completed this form, please print it out and sign here.**

Signature of company officer or individual Date

PRINT or TYPE name of company officer

Title

X **When you have completed this form, please print it out and sign here.**

Signature of company officer Date

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

RA-211-002 (R/11/15)WA

We are committed to providing equal access to our services. If you need accommodation, please call (360) 902-3600 or TTY (360) 664-0116.