Clear Form

WASHINGTON STATE Department of Retirement Systems

Financial Institution Authorization for ePay

This form is for employers who choose to use ePay for submitting payment information to DRS.

Send completed form to:
Department of Retirement Systems
PO Box 9018 • Olympia, WA 98507-9018

www.drs.wa.gov • 800.547.6657
360.664.7256 • TTY: 711

Important Information

This form authorizes DRS to debit the financial institution account(s) you name below, per your electronic payment advices, to collect funds owed to DRS. The financial institution authorization process takes about a week to complete.

You can change financial institution accounts at any time. To do so, submit a new *Financial Institution Authorization for ePay* form per change. To revoke this authorization, contact DRS and confirm in writing that you no longer want to use ePay.

Employer Information

Employer Name			DRS Organization ID
Contact Name			Contact Phone Number
Mailing Address	City	State	ZIP
Email Address			

Financial Institution

Name of Financial Institution		Transit/Routing Number		
Account Number (Retirement Plans)	Account Type ☐ Checking ☐ Savings	Account Number (DCP)	DCP Group Number	Account Type ☐ Checking ☐ Savings

Authorization

I authorize DRS to debit the account(s) listed above for payments owed to DRS. Only amounts that my authorized staff members specify can be deducted for this account(s). By signing below, I also declare that I am an authorized signer on the financial institution account(s).

Signature	Date
Authorizer Name	Title

Return this form to DRS.

DRS Use Only

Trust Accounting Initials	Date	Accounting Services Initials	Date