



BANK ACCOUNT AUTHORIZATION FOR EPAY

PO Box 9018 Olympia, WA 98507-9018 ♦ www.drs.wa.gov
 Toll Free: 1-800-547-6657 x47256 ♦ Olympia Area: 360-664-7256 ♦ TTY: 360-586-5450

This form authorizes an employer to use the Department of Retirement Systems (DRS) Electronic Payment (ePay) application to submit payment information. It also enables DRS to debit the employer's bank account, per the employer's electronic payment advice, for monies due to DRS. The bank authorization process will take approximately two weeks to complete. DRS will send confirmation when the process is complete.

Employers may change bank accounts at any time, but must submit a new Bank Account Authorization for ePay form for each change. Employers may revoke this authorization by contacting DRS in writing and confirming that service is to be discontinued.

Employer Information

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

Authorization

I hereby authorize DRS to debit the account(s) below for payment of monies due to DRS. Only those amounts specified by my staff authorized to use the DRS ePay application may be deducted from this account. With my signature below, I declare that I am an authorized signer on the account.

Signature		Date	
Name (please print)		Title	
Financial Institution		Transit Routing Number	
Bank Account Number (Retirement)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Account Number (DCP) Specify DCP Report Group #:	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Return completed form to the address listed above.

DRS Use Only

Trust Accounting	Accounting Services
Initials Date	Initials Date

