



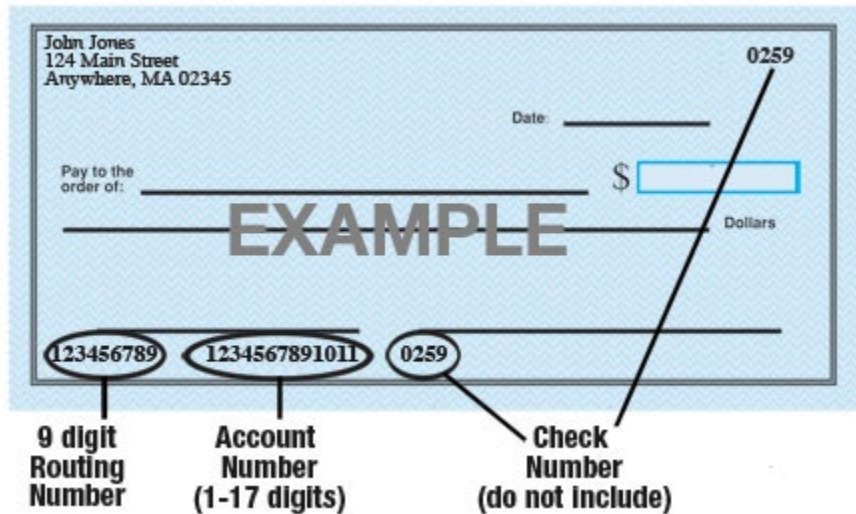
# Direct Deposit Authorization Form

Please print and complete ALL the information below.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_



**Name of Bank:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**9-Digit Routing #:** \_\_\_\_\_

**Amount:**       Entire Reimbursement

**Type of Account:**       Checking       Savings      (Check One)

*Attaching a copy of a voided check helps to eliminate misreading a handwritten account number.*

Washington Association of County Officials is hereby authorized to directly deposit my Board reimbursements to the account listed above. This authorization will remain in effect until I modify or cancel it in writing, or until my last reimbursement as a Board member has been processed.

Board Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_