



Full Service Direct Deposit (FSDD) for Accounts Payable Vendors Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and mail to Public School Employees of WA. PO Box 798, Auburn, WA 98071 Attention: Kathy Stewart. [Attach a voided check for the checking account – not a deposit slip.](#) If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help insure that you are paid correctly.

Important! Please read and sign before completing and submitting.

I hereby authorize "Company" to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Company Name: _____

Authorized Signature: _____

Date: _____

Email address for remittance: _____

Bank Account Information

Name/City/State: _____

Routing/Transit #: _____

Account #: _____

Checking

Savings