SEATTLE COLLEGES
Central · North · South · SVI

EMPLOYEE SERVICES

WAGE PAYMENT OPTIONS

1500 Harvard Ave, Seattle, WA 98122 - (206)-934-4086 - seattlecolleges.edu

1. Complete, sign and date. PLEASE PRINT LEGIBLY
2. Make a copy of the completed form for your records.
3. Deliver the completed form to Employee Services (Payroll) at the Siegal Center.

LEGAL NAME - PLEASE PRINT (*Last, First, Initial*)	**EMPLOYEE ID NUMBER *(If known)***
EMAIL:	

Date of Birth: _____ **Contact Phone Number:** _____

In accordance with RCW 43.41.180, I hereby authorize and request the college, until this authorization is revoked as described below, to transfer the full amount of my state salary, after mandatory and authorized deductions, to the designated financial institution for deposit in my account. My signature below attests to my knowledge that the Focus Card is Seattle College's default method for payment of wages.

In the event that the college may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that the college shall have the authority to immediately terminate any transfer made under this authorization.

If the electronic transmission for this authorization for any reason will result in an overpayment of salary or wages actually due and payable to me, I hereby authorize the college to either process a reversing transaction that will result in sending the net pay amount back to the college, or seek full reimbursement of the overpayment by whatever means is appropriate.

If any action taken by me or my financial institution, without adequate notification to my college payroll office, result in non-acceptance of the transfer by the designated financial institution, I understand that the college assumes no responsibility for processing supplemental payroll payments until the funds are returned to the college by the financial institution.

This authority is in force until written notification is received from the employee regarding its termination, or death. This authorization will not be in effect for any payments made on or after separation from college services. Information regarding a non ACH payment option in the form of paper warrants can be obtained from college payroll personnel.

Please select one of the two options indicated below.

❑ **EMPLOYEE SELECTED FINANCIAL INSTITUTION:** Please attach a **bank letter** or have your **financial institution** provide your routing and account numbers. (You may write in your bank routing and account numbers BUT be advised that any errors will be the responsibility of yourself). .

NAME OF FINANCIAL INSTITUTION	**CHECK THE TYPE OF ACCOUNT FOR DEPOSIT** ❑ **CHECKING** ❑ **SAVINGS**
NINE DIGIT ROUTING NUMBER	**ACCOUNT NUMBER *(required by financial institution for ACH)***

Employee signature: _____ **Date:** _____

❑ **FOCUS CARD:** I understand that the Focus Card will be mailed to my home address on record. I understand that I must **ACTIVATE** my card immediately upon receipt. Any Focus questions can be directed to **Card Holder Services, (877) 474-0010**.
If the Focus Card is selected or defaulted to, the pay card merchant will provide the account and routing information. I understand the rules and applicable fees are in the terms and conditions of the pay card merchant. I understand that US Bank Focus Visa Payroll Card terms and conditions as negotiated by the State of Washington can be found at ofm.wa.gov/resources/payroll.asp. I understand the pay card is intended for deposit of payroll and other merchant approved ACH payments. By signing this authorization and selecting PAY CARD below I agree to abide by the card holder terms and conditions. I understand and agree that Focus is a service provided by US Bank to Seattle College employees and I agree to pay any and all fees incurred through use of the card, and to hold the State of Washington and its agencies, institutions, officers and employees harmless for any and all costs, fees, or damages incurred through the use of the card.

CURRENT ADDRESS PAY CARD WILL BE MAILED TO: (no PO BOX allowed)	**MAILING ADDRESS:**		
	CITY:	**STATE:**	**ZIP:**

Employee signature: _____ **Date:** _____