



ACH Payment Plan (Direct Debit) Authorization Agreement

You can use this form to initiate or change ACH banking information. Send this completed form to:

**Revenue Accounting
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

Company/Individual name		Branch <i>(if applicable)</i>	
Company/Individual address			
City		State	ZIP code
Company contact name	(Area code) Telephone number	Email address	
Company contact name	(Area code) Telephone number	Email address	
Purpose of ACH <input type="checkbox"/> UCC <input type="checkbox"/> Vehicle electronic titles <input type="checkbox"/> Vehicle mail-in processing <input type="checkbox"/> Drivers <input type="checkbox"/> Agents/Subagents			
Financial institution name	Account name	Account number	
Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL	Bank ABA number/transit/routing number <i>(including check digit)</i>		
Financial institution contact name	(Area code) Telephone number	Email address	

This authorization is effective until terminated by this Department or the Company/Individual named above. If terminated by the Company/Individual, we must be notified 30 days before the termination date.

I authorize the Department of Licensing to initiate debit entries to the account indicated at the bank or credit union named above. I acknowledge that the debit entries must comply with United States law.

Printed name of company officer or individual

Title

X _____
Signature of company officer or individual

Date

Printed name of company officer

Title

X _____
Signature of company officer

Date

Department use only			
Contract number	Accounting assigned ID code	Date forwarded to Accounting	
Print name of Department representative	Signature X	Date	