



## Provider Direct Deposit Authorization Form

### Instructions For Completing the Provider Direct Deposit Authorization Form

**The Direct Deposit Authorization Form should be used to perform the following:**

Set-Up Direct Deposit Payment.

To change your bank account.

Cancel direct deposit and reinstate payments by check.

**Note:**

If writing instead of typing, please PRINT clearly in blue or black ink only. Forms will not be accepted if they have whiteout, have been crossed off, or have been written over.

**Part A – Identification Details:**

You MUST provide your Statewide Vendor Number unless this form accompanies a new registration.

If you do not know your Statewide Vendor Number use the [VENDOR LOOKUP](#) page.

You must provide your legal name as filed with the IRS.

You must provide your DBA if you have one.

You MUST provide your Social Security Number (SSN) OR Employer Identification Number (EIN).

**Part B – Payment Option:**

Check the box indicating your preferred method of payment.

**Part C – Direct Deposit Information and Signature:**

If you checked Direct Deposit in Part B, fill out all fields in Part C.

Your bank's name is required.

If the Account type is left blank, we will default to Checking account.

If the Payment type is left blank, we will default to Corporate/Business payment.

**Important:** After confirmation, it will take three– to– five business days for your direct deposit to activate.

**Signature Block:**

Please sign with a pen (a “wet signature”).

Electronic, inserted or stamped signatures will not be accepted.

This form is not considered valid unless it is signed.

**Submitting the Provider Direct Deposit Authorization Form:**

Please PRINT and SIGN the completed form

SCAN to PDF format and EMAIL to: [ProviderFileUnit@dshs.wa.gov](mailto:ProviderFileUnit@dshs.wa.gov)

MAIL to: DCYF, PO Box 45812, Olympia, WA 98504

For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5. For any other questions, please contact the agency you are expecting payment from.

