State of Washington
Department of Retirement Systems (DRS)

Bank Account Authorization for ePay

This form authorizes an employer to use the Department of Retirement Systems (DRS) Electronic Payment (ePay) application to submit payment information. It also enables DRS to debit the employer's bank account, per the employer's electronic payment advice, for monies due to DRS. The bank authorization process will take approximately two weeks to complete. DRS will send confirmation when the process is complete.

Employers may change bank accounts at any time, but must submit a new Bank Account Authorization for ePay form for each change. Employers may revoke this authorization by contacting DRS in writing and confirming that service is to be discontinued.

Employer Name	Employer's DRS Organization ID
Employer Contact Name	Employer Contact Phone Number
Employer Address (Street, P.O. Box, City, Zip)	

I hereby authorize DRS to debit the account(s) below for payment of monies due to DRS. Only those amounts specified by my staff authorized to use the DRS ePay application may be deducted from this account. With my signature below, I declare that I am an authorized signer on the account.

Signature

Name (please print) Title Date

Financial Institution	Transit Routing Number

Bank Account Number (Retirement)	Account Type	Bank Account Number (DCP)	Account Type
	Checking ☐ Savings ☐	Specify DCP Report Group #:	Checking ☐ Savings ☐

Return completed form to DRS:
P.O. Box 9018
Olympia, WA 98507-9018

Toll-Free: 1-800-547-6657, Ext. 47256
Olympia Area: (360) 664-7256

DRS Use Only

Trust Accounting: _____ _____
Initials **Date**

Accounting Services: _____ _____
Initials **Date**