



Direct Deposit Authorization

For Washington Mutual Customer Use Only. Complete or edit this form and submit it to your employer (or to whomever will be making payments to you) to start using Direct Deposit, or change an existing Direct Deposit arrangement. Please make sure that all of your personal information is correct, and keep a copy for your records.

1 Personal Information

Customer Name:

Social Security Number: Employee Number: (If Applicable)

Street Address:

Line 2:

City: State: Zip:

Home Phone Number: Work Phone Number:

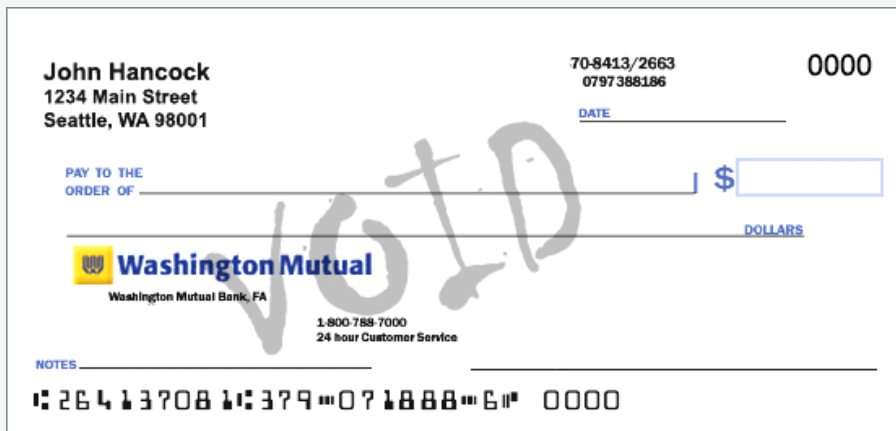
2 Bank & Account Information

My bank is:

Account Type:

Bank Routing Number:

Account Number:



Be prepared to provide a voided check with this form for your Employer/Payor's use.

3 Deposit Information

Effective: Immediately

Amount: Entire Net Pay

Beginning on:

% Of Net Pay

Effective Date & Amount is subject to your Employer/Payor agreement and policies.

Specific dollar amount: \$.00

4 Authorization

To Employer/Payor Name:

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at Washington Mutual, on a recurring basis until I notify you in writing that I revoke this authorization.

X

Date: