

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER**  
**Accounts Payable Expenses**

**Date:** \_\_\_\_\_

**District/Department:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Authorization is given for the Yakima County Treasurer to process the Electronic Funds Transfer listed below:

**Effective Date of Transfer:** \_\_\_\_\_  
(Request must be received by the Treasurer's Office two days prior to effective date.)

**Name of Bank:** \_\_\_\_\_

**ABA Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Transfer Amount(s):**

Fund No. \_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount of Electronic Transfer:** \$ \_\_\_\_\_

**Authorizing Signatures (No facsimile signatures accepted):**

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Auditing Officer

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Board of Directors

Note: The Yakima County Treasurer's Office must receive the completed ACH authorization and accompanying Certification Page by 12:00 noon, two (2) business days prior to effective date.

Contact Information for Treasurer's Accounting Division

Telephone Number: 509-574-2780

Treasacc@co.yakima.wa.us