



1225 Ferry Street SE
 Salem, Oregon 97301-4281
 1-888-4MY-OEBB
 Fax (503) 378-5832
 Website: www.oregon.gov/DAS/OEBB

Authorization Agreement for Employer ACH Debits

Employer Information

Name	District or entity name	MyOEBB Institution number (four digits)
Mailing address (street or PO box)		
City	State	Zip
Reporting Financial Officer (or Business Manager)	Phone number	Fax number

We hereby authorize the sending company indicated below to initiate **debit entries only** to our checking account at the financial institution indicated below. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Sending State Agency Information

Name Oregon Educators Benefit Board		
Mailing address (street or PO box) 1225 Ferry Street SE		
City Salem	State OR	Zip 97301-4281
Reporting Financial Officer (or Business Managers) Ali Hassoun	Phone number 503-378-4741	Fax number 503-378-5832

Employer Financial Institution Information

Name		
Mailing address (street or PO box)		
City	State	Zip
Reporting Financial Officer (or Business Manager)	Phone number	Fax number

Type of account (check one) Checking Savings

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Nine-digit routing transit number

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Depositor account title

Depositor account number
(Show the number exactly, including necessary spaces, zeroes, or dashes.)

If this is a change to a previous ACH designation, please provide effective date of change.

_____ Effective date

This authorization is to remain in full force and effect until the sending company indicated above has received written notification from us of its termination in such time and such manner as to afford the sending company and financial institution a reasonable opportunity to act on it.

 Employer reporting financial officer signature

 Title

 Name

 Phone number

 Date