

Authorization for Electronic Deposit

Instructions:

Please print your name, Social Security Number, and financial institution on the top lines. Fill in your financial institution's branch address, city, state, zip code, and the telephone number of the branch you use. Check the box that tells us what to do (start or terminate electronic deposit). Mark the box to tell us into which account (checking or savings), you want your benefit payment deposited.

If you want your benefits deposited in your checking account, include a voided check (write "VOID" across the check). Fill in your account and bank routing numbers. If you want your benefits deposited in your savings account, include a voided deposit slip (write "VOID" across the deposit slip).

Sign and date the completed form.

If mailing, put the completed form (along with your voided check or deposit slip) into an envelope with first class postage.

Please mail or fax this form with a voided check or deposit slip to:

Employment Department
Electronic Deposit Unit - Rm 105
875 Union St. NE
Salem, OR 97311
Fax: (503) 947-1335

Authorization for Electronic Deposit

- Start
 Terminate

Name: (please print) _____ Social Security Number _____ BYE _____

Financial Institution _____ Branch Phone _____

Address of Your Branch _____ City, State _____ Zip Code _____

I authorize the State of Oregon Employment Department to electronically deposit weekly payments in the above-named financial institution. I authorize the above-named institution to accept and distribute said funds in the manner designated by me.

Checking (Please include a voided check)

Savings (Please include a voided deposit slip)

Bank Routing Number:

Account Number:

I understand that this authorization will override any previous authorization, and will remain in effect until the Employment Department has received written notification of its termination, or one year has passed since I last claimed.

Signature

Date