



## PERS Employer: Automated Clearing House (ACH) Agreement

### Section A: Employer information (Type or print clearly in black ink. Illegible forms may be returned to applicant. This could delay your request.)

Employer name		Employer number	
Mailing address (street or PO box)			
City		State	Zip code
Phone number	Email (optional)		

### Section B: ACH Debit

ACH debit election

If you choose this option, go to the PERS employer website and complete the [Authorization Agreement for Employer ACH Debits](#) form. Return this the Employer ACH Agreement form and the Employer ACH Debit form to PERS. Be sure to keep copies for your records.

### Section C: ACH Credit

ACH credit election

If you choose this option, complete this ACH Agreement form, and return to PERS. You will have to work with your financial institution before initiating ACH credit transactions. Be sure to keep copies of this agreement for your records.

Electronic transfer of funds will take place on the fifth business day following the issuance of EDX employer statements. Funds transfers will be for actual amount of statements.

**Your authorized reporting financial officer must sign this form.**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Reporting financial officer signature

\_\_\_\_\_  
Date

Office use only		
<input type="checkbox"/> PERS	<input type="checkbox"/> OPSRP	<input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee	
<input type="checkbox"/> Cross reference member SSN		