

11410 SW 68th Parkway, Tigard OR 97223 Mailing Address – PO Box 23700, Tigard OR 97281-3700 Toll free – 888-320-7377 Fax – 503-598-0561 Website – https://oregon.gov/pers



## 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	Employer number	
Mailing address (street or PO	box)	I		
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 <u>Authorization Agreement for</u> <u>Employer ACH Debits</u> 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				
Dpers [	OPSRP			
Member	Alternat	e payee		

Cross reference member SSN

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766. Form #459-475 (9/24/2019) SL3 IIM Code: 35