



Authorization Agreement for Employer ACH Debits

Section A: Employer information

Employer name	ER#	
Mailing address (street or PO box)		
City	State	Zip
Reporting Financial Officer	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.

Section B: Sending state agency information

Name PERS	Mailing address (street) 11410 SW 68th Parkway, Tigard, OR 97223	Mailing address (PO box) PO Box 23700, Tigard, OR 97281-3700
Reporting Financial Officer Mary Smith	Phone number 503-603-7611	

Section C: Financial institution information

Financial institution name		
Mailing address (street or PO box)		
City	State	Zip
ACH coordinator name	Phone number	Fax number

Type of account (check one) **Checking** (Attach a voided or canceled check.) **Savings** **Business**

Debit filter or debit block in place.

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Nine-digit routing transit number

Depositor account title														

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

Section D: International ACH determination. (required)

You **must** check or initial one of the boxes below.

The entire amount of my direct deposit payment is **not** deposited to a bank outside the U.S.

The entire amount of my direct deposit payment is ultimately deposited to a bank outside the U.S.

Section E: ACH authorization

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 manner as to afford the sending company and financial institution a reasonable opportunity to act on it.

Reporting financial officer signature

Title

Date

Name

Phone number