

## Direct Deposit Authorization Form Instructions



Oregon will only accept forms with the original (wet), **blue** ink signatures or Adobe digital certified signatures. Oregon will not accept forms with incomplete fields.

You can submit electronically [HERE](#) or

**Department of Administrative Services  
SFMS / ACH Coordinator  
155 Cottage Street NE, FL3  
Salem, OR 97301**

If you have questions, please contact us at: [ACH.Coordinator@das.oregon.gov](mailto:ACH.Coordinator@das.oregon.gov); 971-900-9771 or [click here](#).

# STATE OF OREGON

## Direct Deposit Authorization Form



For Statewide Vendor / Employee Travel (not PERS/Payroll)

**RECOMMENDATION:** For accuracy, type information or print legibly. *Retain a copy for your records.*  
**Only forms with original (wet), blue ink signatures or Adobe digital certified signatures will be accepted.**

### Section A – Payee Information

1. Legal Name:			
2. Mailing Address:		City:	State:
3. SSN / FEIN / OR #:			
4. Phone Number:		5. Email Address:	

### Section B – Request Type

1. Type of Action (Required)		Cancel Reason:	
New (Start)	Change	Cancel (Stop)	
2. Previous Account Type	3. Previous Routing Number		4. Previous Bank Account Number
Checking <input type="checkbox"/> Savings			

### Section C – Financial Institution Information (Must attach a bank letter or voided check.)

1. Account Types	2. Routing Number
Checking Savings	
Commercial Personal	3. Account Number

4. Attached with this form (choose one). State employees can instead have Payroll certify information.

**Bank Letter** – A letter from the bank (on bank letter head) confirming the name on the account, account number, and routing number. The name on bank letter must match the name on this form. If it does not, your financial institution can reject the bank account verification.

**Voided Check** – starter checks, counter checks, sample checks and deposit tickets are NOT acceptable. The name on the voided check must match the name on this form. If it does not, your financial institution can reject the bank account verification.

### SECTION D – For Authorized Signers Only\*\* - IMPORTANT! Please read and sign before submitting.

**This form is used to authorize direct deposit to a checking or savings account.**

**Cancel account** – To **cancel** this authorization, fill out a new form and check the cancel (STOP) box. Fill out sections A, B, and D only. By selecting the “cancel” box, you hereby revoke your previous authorization for direct deposit.

**Change account** – By selecting the “change” box and completing the form with new account information.

**International transaction certification** – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.

I certify that I have read and understand the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and U.S. law. I certify that I am authorized to enter into this agreement as the account holder.

1.	Signature of Account holder (Required)	Print Name (Required)	Title (if company account) (Required)	Date (Required)
2.	Signature of Account holder	Print Name	Title (if company account)	Date