STATE OF OREGON

Direct Deposit Authorization Form Instructions



1. Complete Sections A, B, C, and D.

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.

2. Submit this form.

You can submit electronically **HERE or**

Mail the original completed form (no faxes or copies) in a sealed envelope marked CONFIDENTIAL to the following address:

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; 971-900-9771 or click here.

Section A - Payee Information

- **1. Payee Legal Name:** Name of the individual or business that will be paid. This must match Internal Revenue Service (IRS) records.
- **2.** Payee Mailing Address: Oregon will use the address in the event a payment must be mailed to you.
- **3.** Tax Identification Information: Enter the Tax Identification Number (TIN) currently used by Oregon to issue payments.
 - SSN Oregon must report to the IRS. If you don't provide this information, you may not qualify for this service
 - FEIN If payments are made to a business entity
 - **OR#** Required for State of Oregon employees
- **4. Phone Number:** To be used when information verification is required.
- **5. Email Address:** To receive notifications and a UserID to view itemized payment details on the following website:

https://pmtinfo.dasapp.oregon.gov/.

Section B – Request Type

Select one:

- **New(Start):** First-time enrollment or re-enrollment.
- Change: Update your bank or contact information.
- Cancel: Stop direct deposit. Payments will be mailed. Section C is not required. If cancel, provide the reason.

If changing or canceling, also fill in:

• Your previous bank information (account types, routing and account numbers)

Section C - Financial Institution Information

- **1. Account Type:** Specify if Checking or Savings and if Personal or Commercial.
- **2. Bank Routing Number:** Always a nine-digit number.
- **3. Depositor Account Number:** This may have up to seventeen digits.

"001000" "372213986" 1234123412"

Number Number Number Number

4. Attach: You must attach a bank letter or voided check to this completed form.

Section D - For Authorized Signers Only

Read and sign the form to indicate your agreement with the terms and conditions specified on it.

Recovery of funds deposited in error:

If an erroneous electronic funds transfer (EFT) payment occurs, creating an over-payment, the State reserves the right to debit (withdraw funds from) your account accordingly.

International transactions:

In order to comply with the National Automated Clearing House Association rules, Oregon is required to determine if direct deposit funds from the State are moving entirely outside the U.S. If this is the case, Oregon will not be able to remit funds electronically into your account.

Authorized signer(s):

Are the account owners or an individual granted permission by the account owner. If this changes, it is the account owner's responsibility to contact us immediately.

Official Use Only: Account information verified in Workday.

Section A - Payee Information

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.**

1. Legal Name:								
2. Mailing Address:				City: State:		Zip:		
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		Cancel (Stop)						
2. Previous Account Type		3. Previous Routing		Number	4. Previous Bank Account Number			
Checking S								
Section C - Financial Institution Information (Must attach a bank letter or voided check.)								
1. Account Types Checking		Savings	2. Routing Number					
Co	mmercial	Personal	3. A	Account Number				
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 Acco (Required		Print Name <i>(Re</i>	quired)	Title	(if company accou (Required)	unt)	Date (Required)	
2.								
Signature of Accou	ınt holder	Print Nan	ne	Title	(if company accou	int)	Date	