

SFMS Direct Deposit Training



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Agenda

Benefits of Direct Deposit

Who is Not Eligible vs Eligible?

*Counts – Direct Deposit Vendors and Employees in R*STARS*

Direct Deposit Enrollment Form (Rev 11/2025)

Process - Payroll Certification for State Employees

Processing Timeline

Payment Distribution Type (PDT)

Payment Information Center

Returned Direct Deposit Payments

Changes to Direct Deposit

Cancelling Direct Deposit

New Mail Code Activation Request

Keybank – 3 Biggest Scams

SFMS Scams

Direct Deposit Forms Handling – Security Fraud Risk

DAS
DEPARTMENT OF
ADMINISTRATIVE
SERVICES
SFMS

Benefits of Direct Deposit

- Time and cost savings of a direct deposit payment over a warrant
- Reduced risk of fraud and loss
- Easier reconciliation process
 - Payment Information Center
 - System-generated direct deposit payment notification emails

Who is NOT Eligible?

- Any vendor profiles on the DOR list

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S052 UC: 10 STATE OF OREGON 12/18/25 12:59 PM
LINK TO: _____ SYSTEMWIDE VENDOR PROFILE TRNG
VENDOR NO: 367B910002 NAME CONTROL: DOUG
VENDOR NAME: JANE DOUGH
SEARCH NAMES: JANE DOUGH
                DOUGH, JANE,
ALT VENDOR/FID: _____ 1099 IND: Y FEI/SSN IND: S REASON CODE: ADD
VENDOR TYPE: B OWNRSHP CD: N TIN MATCH: _
ADDRESS: 1234 BERRY LN
                _____
                _____
                *PLEASE CONTACT DOR*
CITY: SALEM ST: OR ZIP: 97303 CNTRY: _____
VENDOR CONTACT: _____ TAX OFFSET EXMPT: N
TELEPHONE: 503 555 6789 EXT: _____ FAX: _____ HOLD RSN: _____
PDT: MA EMAIL: JANE.DOUGH@GMAIL.COM PNI: _____
AGY: 107 CONTACT: SFMS PHONE: 971 900 9771
                DIR DEP DATE: _____
W9 REQUEST DATE: _____ BU/WH EFF DATE: _____ STATUS CODE: I
EFF START DATE: 12182025 EFF END DATE: _____ LAST PROC DATE: 12182025
Z06 RECORD SUCCESSFULLY RECALLED
F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te TLS R 3 C 18 STCPU4PP
```

- Any Vendor Type (field) 9
 - Need W9

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S052 UC: 17 STATE OF OREGON 01/26/26 12:54 PM
LINK TO: _____ SYSTEMWIDE VENDOR PROFILE TRNG
VENDOR NO: 1234567890 NAME CONTROL: ACBC
VENDOR NAME: ABC COMPANY LLC
SEARCH NAMES: ABC COMPANY LLC ABC C 97303
                ABC ONE TWO THREE
ALT VENDOR/FID: _____ 1099 IND: Y FEI/SSN IND: E REASON CODE: ADD
VENDOR TYPE: 9 OWNRSHP CD: I TIN MATCH: Z
ADDRESS: 123 FERRY LANE
                _____
                _____
                _____
CITY: SALEM ST: OR ZIP: 97303 CNTRY: _____
VENDOR CONTACT: _____ TAX OFFSET EXMPT: N
TELEPHONE: 555 555 1234 EXT: _____ FAX: _____ HOLD RSN: _____
PDT: MA EMAIL: _____ PNI: _____
AGY: 107 CONTACT: SFMS PHONE: 971 900 9771
                DIR DEP DATE: _____
W9 REQUEST DATE: _____ BU/WH EFF DATE: _____ STATUS CODE: I
EFF START DATE: 01262026 EFF END DATE: _____ LAST PROC DATE: 01262026
Z06 RECORD SUCCESSFULLY RECALLED
F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te TLS R 3 C 18 STCPUDRA
```

Who is NOT Eligible?

Other Vendor Types:

- One Time Vendors (vendor number assigned begin with 9)
- Special Vendors (vendor number assigned begin with 8)
- Foreign Vendors (vendor number assigned begin with 2)
- Client Vendors (vendor number assigned begin with 7)
 - These vendors do not have tax ID numbers for safety reasons.

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S052 UC: 04 STATE OF OREGON 12/04/23 04:08 PM
LINK TO: SYSTEMWIDE VENDOR PROFILE PROD
VENDOR NO: _____ NAME CONTROL: _____
VENDOR NAME: _____
SEARCH NAMES: _____
ALT VENDOR/FID: _____ 1099 IND: _____ FEI/SSN IND: _____ REASON CODE: _____
VENDOR TYPE: _____ OWNRSHP CD: _____ TIN MATCH: _____ TIN: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____ CNTRY: _____
VENDOR CONTACT: _____ TAX OFFSET EXMPT: N
TELEPHONE: _____ EXT: _____ FAX: _____ HOLD RSN: _____
PDT: MA EMAIL: _____ PNI: _____
AGY: _____ CONTACT: _____ PHONE: _____
UPDATED BY: _____ DIR DEP DATE: _____
ABA NUMBER: _____ ACCT NO/TYPE: _____ FORMAT: _____
W9 REQUEST DATE: _____ BU/WH EFF DATE: _____ STATUS CODE: R
EFF START DATE: 12042023 EFF END DATE: _____ LAST PROC DATE: _____

F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te TLS R 3 C 18 STCPU0L3
```

Who is Eligible?

- Vendor number assigned begin with 1
 - State of Oregon employees
 - 1ORXXXXXXXX
 - FEIN
 - 1XXXXXXXXXX
- Vendor number assigned begin with 3
 - SSN
 - 3XXXXXXXXXX
 - algorithm

AND

- Status Code must be A (Active).

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S052 UC: 04 STATE OF OREGON 02/07/24 12:17 PM
LINK TO: SYSTEMWIDE VENDOR PROFILE PROD
VENDOR NO: _____ NAME CONTROL: _____
VENDOR NAME: _____
SEARCH NAMES: _____
ALT VENDOR/FID: _____ 1099 IND: _ FEI/SSN IND: _ REASON CODE: _____
VENDOR TYPE: _____ OWNRSHP CD: _ TIN MATCH: _ TIN: _____
ADDRESS: _____
CITY: _____ ST: _ ZIP: _____ CNTRY: _____
VENDOR CONTACT: _____ TAX OFFSET EXMPT: N
TELEPHONE: _____ EXT: _ FAX: _ HOLD RSN: _____
PDT: MA EMAIL: _____ PNI: _
AGY: _ CONTACT: _____ PHONE: _____
UPDATED BY: _____ DIR DEP DATE: _____
ABA NUMBER: _____ ACCT NO/TYPE: _____ FORMAT: _____
W9 REQUEST DATE: _____ BU/WH EFF DATE: _____ STATUS CODE: A
EFF START DATE: 02072024 EFF END DATE: _____ LAST PROC DATE: _____

F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te TLS R 21 C 19 STCPU2AN
```

Counts – Direct Deposit Vendors & Employees in R*STARS

PDT = Payment Distribution Type
MA = Paper check (default)
DA = Direct Deposit (optional,
recommended)

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S052 UC: 01 STATE OF OREGON 01/26/26 02:03 PM
LINK TO: _____ SYSTEMWIDE VENDOR PROFILE TRNG
VENDOR NO: _____ NAME CONTROL: _____
VENDOR NAME: _____
SEARCH NAMES: _____
ALT VENDOR/FID: _____ 1099 IND: _ FEI/SSN IND: _ REASON CODE: _____
VENDOR TYPE: _ OWNRSHP CD: _ TIN MATCH: _ TIN: _____
ADDRESS: _____
CITY: _____ ST: _ ZIP: _____ _CNTRY: _____
VENDOR CONTACT: _____ TAX OFFSET EXMPT: N
TELEPHONE: _____ EXT: _ FAX: _ HOLD RSN: _____
PDT: DA EMAIL: _____ PNI: _
CON: _____ CONTACT: _____ PHONE: _____
UPDATED BY: _____ DIR DEP DATE: _____
ABA NUMBER: _____ ACCT NO/TYPE: _____ FORMAT: _____
W9 REQUEST DATE: _____ BU/WH EFF DATE: _____ STATUS CODE: R
EFF START DATE: 01262026 EFF END DATE: _____ LAST PROC DATE: _____

F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te| TLS R 13 C 51 STCPUDRA
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As of December 31, 2025:

Vendor profiles = 10,814

Employee profiles = 3,722

Total profiles with a PDT of DA = 14,536

Which vendor profile(s) qualify for direct deposit?

```
S052 UC: 17 STATE OF OREGON 01/07/26 12:41 PM
LINK TO: SYSTEMWIDE VENDOR PROFILE TRNG
VENDOR NO: 10R0111122 NAME CONTROL: JONE
VENDOR NAME: MARY JONES
SEARCH NAMES: MARY JONES
JONES, MARY,
ALT VENDOR/FID: 1099 IND: N FEI/SSN IND: 0 REASON CODE: ADD
VENDOR TYPE: 1 OWNRSHP CD: E TIN MATCH: _
ADDRESS: 155 COTTAGE ST NE
CITY: SALEM ST: OR ZIP: 97301 CNTRY:
VENDOR CONTACT: OFFICE TAX OFFSET EXMPT: N
TELEPHONE: 555 555 5555 EXT: FAX: HOLD RSN:
PDT: MA EMAIL: PNI: _
AGY: 107 CONTACT: SFMS PHONE: 971 900 9771
DIR DEP DATE:
W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: A
EFF START DATE: 02112025 EFF END DATE: LAST PROC DATE: 01072026
Z26 RECORD NOT FOUND - NEXT RECORD RECALLED
F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te TLS R 3 C 18 STCPU2AJ
```

B

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S052 UC: 17 STATE OF OREGON 01/06/26 12:44 PM
LINK TO: SYSTEMWIDE VENDOR PROFILE TRNG
VENDOR NO: 2987654321 NAME CONTROL: DISI
VENDOR NAME: DISTANT FAR OFF BUSINESS
SEARCH NAMES: DISTANT FAR OFF BUSINESS
DISTA T3C 2H2
ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: 0 REASON CODE: ADD
VENDOR TYPE: 5 OWNRSHP CD: R TIN MATCH: _
ADDRESS: 105 SCARBORO AVE SW
CALGARY AB T3C 2H2
CITY: CANADA ST: XX ZIP: T3C 2H2 CNTRY: CANADA
VENDOR CONTACT: TAX OFFSET EXMPT: N
TELEPHONE: 416 123 4900 EXT: FAX: HOLD RSN:
PDT: MA EMAIL: PNI: _
AGY: 107 CONTACT: SFMS PHONE: 971 900 9771
DIR DEP DATE:
W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: A
EFF START DATE: 01062026 EFF END DATE: LAST PROC DATE: 01062026
Z06 RECORD SUCCESSFULLY RECALLED
F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te TLS R 3 C 18 STCPU1EJ
```

A

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S052 UC: 10 STATE OF OREGON 12/18/25 12:59 PM
LINK TO: SYSTEMWIDE VENDOR PROFILE TRNG
VENDOR NO: 3678910002 NAME CONTROL: DOUG
VENDOR NAME: JANE DOUGH
SEARCH NAMES: JANE DOUGH
DOUGH, JANE,
ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: S REASON CODE: ADD
VENDOR TYPE: 8 OWNRSHP CD: N TIN MATCH: _
ADDRESS: 1234 BERRY LN
*PLEASE CONTACT DOR*
CITY: SALEM ST: OR ZIP: 97303 CNTRY:
VENDOR CONTACT: TAX OFFSET EXMPT: N
TELEPHONE: 503 555 6789 EXT: FAX: HOLD RSN:
PDT: MA EMAIL: JANE.DOUGH@GMAIL.COM PNI: _
AGY: 107 CONTACT: SFMS PHONE: 971 900 9771
DIR DEP DATE:
W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: I
EFF START DATE: 12182025 EFF END DATE: LAST PROC DATE: 12182025
Z06 RECORD SUCCESSFULLY RECALLED
F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te TLS R 3 C 18 STCPU4PP
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C

Answer:

B

1/28/26

Direct Deposit Training

B

Direct Deposit Enrollment Form

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	Section C – Financial Institution Information
<p>1. Payee Legal Name: Name of the individual or business that will be paid. This must match Internal Revenue Service (IRS) records.</p> <p>2. Payee Mailing Address: Oregon will use the address in the event a payment must be mailed to you.</p> <p>3. Tax Identification Information: Enter the Tax Identification Number (TIN) currently used by Oregon to issue payments.</p> <ul style="list-style-type: none"> • 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 <p>4. Phone Number: To be used when information verification is required.</p> <p>5. Email Address: To receive notifications and a UserID to view itemized payment details on the following website: https://pmtinfo.dasapp.oregon.gov/.</p>	<p>1. Account Type: Specify if Checking or Savings and if Personal or Commercial.</p> <p>2. Bank Routing Number: Always a nine-digit number.</p> <p>3. Depositor Account Number: This may have up to seventeen digits.</p> <p>4. Attach: You must attach a bank letter or voided check to this completed form.</p>
<p>Section B – Request Type</p> <p>Select one:</p> <ul style="list-style-type: none"> • 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. <p>If changing or canceling, also fill in:</p> <ul style="list-style-type: none"> • Your previous bank information (account types, routing and account numbers) 	<p>Section D – For Authorized Signers Only</p> <p>Read and sign the form to indicate your agreement with the terms and conditions specified on it.</p> <p>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.</p> <p>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.</p> <p>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.</p>

Official Use Only:
Account information verified in Workday.

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: _____ Zip: _____

3. SSN / FEIN / OR #: _____

4. Phone Number: _____ 5. Email Address: _____

Section B – Request Type

1. Type of Action (Required) New (Start) Change Cancel (Stop) Cancel Reason: _____

2. Previous Account Type Checking Savings 3. Previous Routing Number _____ 4. Previous Bank Account Number _____

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

1. Account Types Checking Savings 2. Routing Number _____

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

SFMS/ACH Forms: <https://www.oregon.gov/das/Financial/AccountSys/Pages/ACH-Vendor-Direct-Deposit.aspx> Form SFMS ACH-1 (Rev 11/2025)

Form found on our website:
[Vendor Direct Deposit](#)

- Rev 11/2025
 - Old versions no longer accepted as of 12/15/2025.

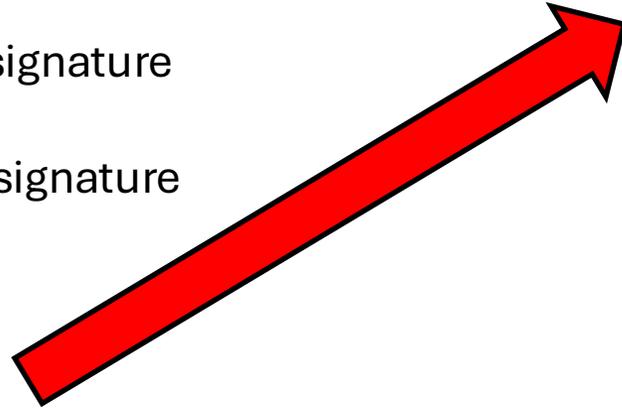
Direct Deposit Form Instructions

Signature requirements:

- Adobe digital certified signature
- OR
- Original (wet), blue ink signature

Two submission options:

1. Mail original form
- OR
2. Secure [online](#) drop box



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	Section C – Financial Institution Information						
<p>1. Payee Legal Name: Name of the individual or business that will be paid. This must match Internal Revenue Service (IRS) records.</p> <p>2. Payee Mailing Address: Oregon will use the address in the event a payment must be mailed to you.</p> <p>3. Tax Identification Information: Enter the Tax Identification Number (TIN) currently used by Oregon to issue payments.</p> <ul style="list-style-type: none">• 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 <p>4. Phone Number: To be used when information verification is required.</p> <p>5. Email Address: To receive notifications and a UserID to view itemized payment details on the following website: https://pmtinfo.dasapp.oregon.gov/.</p>	<p>1. Account Type: Specify if Checking or Savings and if Personal or Commercial.</p> <p>2. Bank Routing Number: Always a nine-digit number.</p> <p>3. Depositor Account Number: This may have up to seventeen digits.</p> <div style="border: 1px solid black; padding: 2px; text-align: center;"><p>⑈00⑈000⑈ ⑈3722⑈3986⑈ ⑈234⑈234⑈2⑈</p><table><tr><td>⑈ Check ⑈</td><td>⑈ Routing ⑈</td><td>⑈ Account ⑈</td></tr><tr><td>Number</td><td>Number</td><td>Number</td></tr></table></div> <p>4. Attach: You must attach a bank letter or voided check to this completed form.</p>	⑈ Check ⑈	⑈ Routing ⑈	⑈ Account ⑈	Number	Number	Number
⑈ Check ⑈	⑈ Routing ⑈	⑈ Account ⑈					
Number	Number	Number					
<p>Section B – Request Type Select one:</p> <ul style="list-style-type: none">• 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. <p>If changing or canceling, also fill in:</p> <ul style="list-style-type: none">• Your previous bank information (account types, routing and account numbers)	<p>Section D – For Authorized Signers Only Read and sign the form to indicate your agreement with the terms and conditions specified on it.</p> <p>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.</p> <p>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.</p> <p>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.</p>						

SFMS/ACH Forms: <https://www.oregon.gov/das/Financial/ActgSys/Pages/ACH-Vendor-Direct-Deposit.aspx> Form SFMS ACH-1 (Rev 11/2025)

All tools x



- Export a PDF
- Edit a PDF
- Create a PDF
- Combine files
- Organize pages
- Send for comments
- Scan & OCR
- Protect a PDF
- Redact a PDF
- Compress a PDF
- Prepare a form
- Fill & Sign
- Add comments

View more

Store and share files in the Document Cloud

Learn More

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	Section C – Financial Institution Information
<p>1. Payee Legal Name: Name of the individual or business that will be paid. This must match Internal Revenue Service (IRS) records.</p> <p>2. Payee Mailing Address: Oregon will use the address in the event a payment must be mailed to you.</p> <p>3. Tax Identification Information: Enter the Tax Identification Number (TIN) currently used by Oregon to issue payments.</p> <ul style="list-style-type: none"> • 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 	<p>1. Account Type: Specify if Checking or Savings and if Personal or Commercial.</p> <p>2. Bank Routing Number: Always a nine-digit number.</p> <p>3. Depositor Account Number: This may have up to seventeen digits.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ⑈00⑈000⑈ ⑈3722⑈⑈3986⑈ ⑈234⑈⑈234⑈⑈2⑈ </div> <p style="text-align: center;"> ⑈ Check Number ⑈ ⑈ Routing Number ⑈ ⑈ Account Number ⑈ </p> <p>4. Attach: You must attach a bank letter or voided check to this completed form.</p>
<p>Section D – For Authorized Signers Only</p>	



State of Oregon Direct Deposit Form

New Fields:

- Payroll Agency Certified Box
- Old banking information now required when requesting changes or cancellations

Section A3 – This number should be the number that is established in R*STARS to receive payments

<input type="checkbox"/> Official Use Only: Account information verified in Workday.				STATE OF OREGON Direct Deposit Authorization Form For Statewide Vendor / Employee Travel (not PERS/Payroll) RECOMMENDATION: For accuracy, type information or print legibly. <i>Retain a copy for your records.</i> 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:	Zip:		
3. SSN / FEIN / OR #:									
4. Phone Number:				5. Email Address:					
Section B – Request Type									
1. Type of Action (Required)						Cancel Reason:			
New (Start) <input type="radio"/> Change <input type="radio"/> Cancel (Stop) <input type="radio"/>									
2. Previous Account Type		3. Previous Routing Number			4. Previous Bank Account Number				
Checking <input type="radio"/> Savings <input type="radio"/>									

State of Oregon Direct Deposit Form

Updated Fields:

- Bank representative signature no longer required.
- Bank letter or Voided check must be included.
 - State employees can *instead* have Payroll certify information

New Signature Requirements:

- Only forms with original (wet), **blue** ink signatures or Adobe digital certified signatures are accepted.

Section C – Financial Institution Information (Must attach a bank letter or voided check.)			
1. Account Types	Checking <input type="radio"/> Savings <input type="radio"/>	2. Routing Number	
	Commercial <input type="radio"/> Personal <input type="radio"/>	3. Account Number	
4. Attached with this form (choose one). State employees can instead have Payroll certify information.			
<input type="radio"/> 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.			
<input type="radio"/> 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

SFMS/ACH Forms: <https://www.oregon.gov/das/Financial/AcctgSys/Pages/ACH-Vendor-Direct-Deposit.aspx> Form SFMS ACH-1 (Rev 11/2025)

Payroll Certification Process – DAS SFS Payroll



Kari Bevier

971-900-7711

Kari.Bevier@das.oregon.gov

Employees can find the Direct Deposit Enrollment form online

The form is to be used for travel reimbursements for state employees.

The screenshot shows the Oregon Statewide Financial Management Services website. The header includes the Oregon logo and navigation links: Home, Oregon Accounting Manual, System Access, and Contact Us. The main title is "Statewide Financial Management Services" under the "Department of Administrative Services". A breadcrumb trail indicates the path: Financial Programs > Statewide Financial Management Services > ACH - Vendor Direct Deposit.

The main content area is titled "ACH - Vendor Direct Deposit". It contains a left-hand navigation menu with the following items: ACH - Vendor Direct Deposit, Contact Us, Datamart & OBIEE, Interfaces, R*STARS Data Entry Guide, R*STARS Report Guide, R*STARS Training Manual, R*STARS Training Program, SFMS Desk Manual, SFMS Forms, SFMS Resources, SFMS User Group, SPOTS - State Purchase Card, Supplemental Training, and OSC Home.

The main content area includes a paragraph: "Vendors and state employees alike may sign up for ACH direct deposit for payments and travel reimbursements. Please use this form to enroll or make changes to your existing enrollment." Below this is an email address: "Email questions to ach_coordinator@dass.oregon.gov". A yellow button labeled "Direct Deposit Enrollment Form" is highlighted with a red arrow pointing to it.

Below the button is a "Frequently Asked Questions" section with the following questions and expandable plus signs:

- Is ACH - direct deposit for you? +
- What is the Automated Clearing House (ACH) network? +
- What is the difference between a check, a warrant, and an ACH payment? +
- How reliable and safe are electronic payments? +
- What is the 'settlement date' for payments? +
- What is a remittance advice? +
- How will I know when a payment is made? +
- Is access to the Payment Information Center available 24/7? +

Direct Deposit Authorization Form

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	Section C – Financial Institution Information
<p>1. Payee Legal Name: Name of the individual or business that will be paid. This must match Internal Revenue Service (IRS) records.</p> <p>2. Payee Mailing Address: Oregon will use the address in the event a payment must be mailed to you.</p> <p>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</p> <p>4. Phone Number: To be used when information verification is required.</p> <p>5. Email Address: To receive notifications and a UserID to view itemized payment details on the following website: https://paminfo.dasapp.oregon.gov/.</p>	<p>1. Account Type: Specify if Checking or Savings and if Personal or Commercial.</p> <p>2. Bank Routing Number: Always a nine-digit number.</p> <p>3. Depositor Account Number: This may have up to seventeen digits. *004000* 43722439864 4234423442*</p> <p>Check Number Routing Number Account Number</p> <p>4. Attach: You must attach a bank letter or voided check to this completed form.</p>
Section B – Request Type	Section D – For Authorized Signers Only
<p>Select one:</p> <ul style="list-style-type: none"> 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. <p>If changing or canceling, also fill in: • Your previous bank information (account types, routing and account numbers)</p>	<p>Read and sign the form to indicate your agreement with the terms and conditions specified on it.</p> <p>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.</p> <p>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.</p> <p>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.</p>

SFMS/ACH Forms: <https://www.oregon.gov/das/Financial/Acts594/Pages/ACH-Vendor-Direct-Deposit.aspx> Form SFMS ACH-1 (Rev 11/2025)

Employees should fill out the highlighted sections of the form.

Official Use Only:
Account information verified in Workday.

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: John Smith

2. Mailing Address: 155 Eazy St City: salem State: OR Zip: 97304

3. SSN / FEIN / OR #: OR1234567

4. Phone Number: 503-333-2222 5. Email Address: myemail@email.com

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 Savings

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

1. Account Types 2. Routing Number
Checking Savings 123456789

Commercial Personal 3. Account Number
20001234

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.

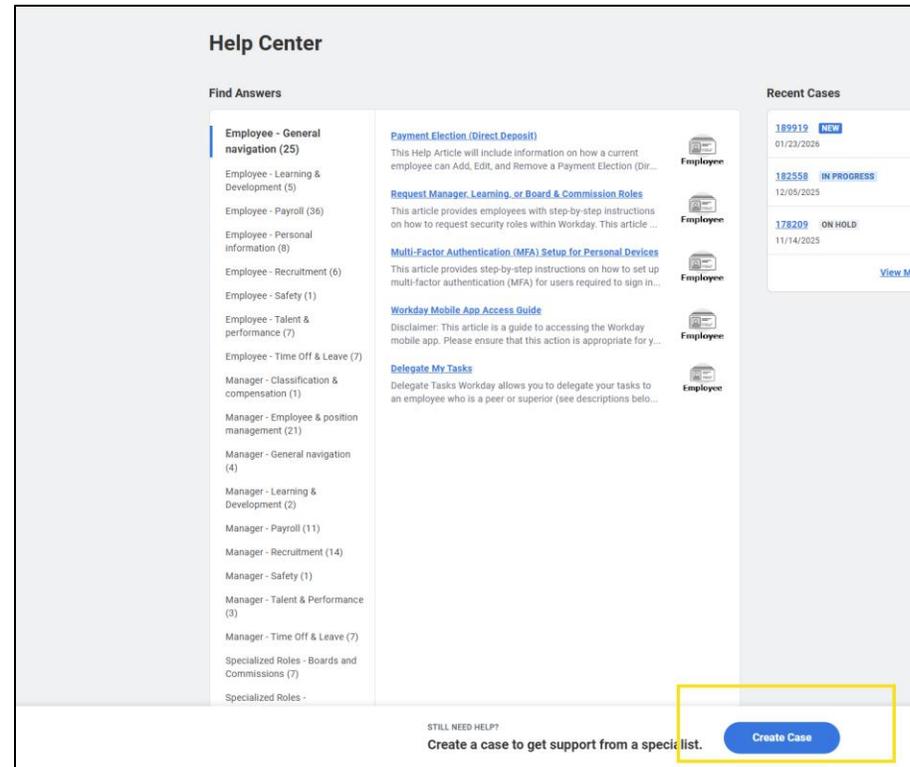
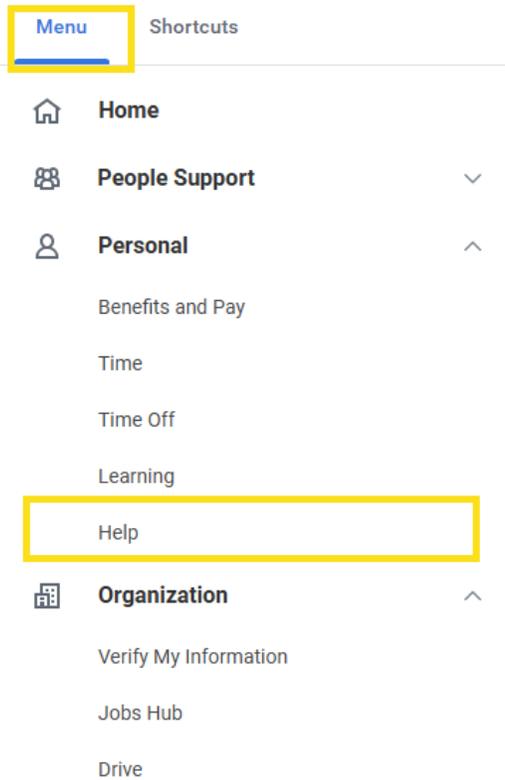
SECTION D – For Authorized Signers Only - IMPORTANT! Please read and sign before submitting.**

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

Submit a Workday Case



Submit the form to Payroll via WD case by going to MENU then HELP and selecting Create Case.

Case Type: Payroll Support

[Help Center](#) > Create Case

Create Case

Create For *

Alexia Hamilton x

This person will get all notifications about this case

Create About

Search name

This person won't get any notifications about this case

Case Type *

Payroll Support x

This helps us route your case

Case Title *

Provide a short title for your case

Enter a case title.

Detailed Description

Provide as much detail as possible to help speed up resolution



Create Case

Employee will select Payroll Support and then create a case title and put their message in the body and attach the form then submit the case.

Payroll Verification

The case will come to payroll, and payroll will open the form and verify the employee information then verify if the account and routing number match an account saved to the employee's Workday profile.

Official Use Only:
Account information
verified in Workday.

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: John Smith			
2. Mailing Address: 155 Eazy St		City: salem	State: OR Zip: 97304
3. SSN / FEIN / OR #: OR1234567			
4. Phone Number: 503-333-2222		5. Email Address: myemail@email.com	
Section B – Request Type			
1. Type of Action (Required)		Cancel Reason:	
New (Start) <input checked="" type="radio"/> Change <input type="radio"/> Cancel (Stop) <input type="radio"/>			
2. Previous Account Type	3. Previous Routing Number	4. Previous Bank Account Number	
Checking <input type="radio"/> Savings <input type="radio"/>			
Section C – Financial Institution Information (Must attach a bank letter or voided check.)			
1. Account Types		2. Routing Number	
Checking <input checked="" type="radio"/> Savings <input type="radio"/>		123456789	
Commercial <input type="radio"/> Personal <input checked="" type="radio"/>		3. Account Number	
		20001234	

4. Attached with this form (checkboxes) State employees can instead have payroll certify information

What Happens If Your Account Doesn't Match

Senior Payroll Coordinator

Default Country: United States of America
Default Currency: USD
Status: Successfully Completed
Last Updated: 12/02/2022 01:35 AM
Last Updated By: Tatiana Calahan

Account Nickname	Country	Bank Name	Account Type	Account Number	Primary Status	Action
NORTHWEST PREFERRED FCU	United States of America	NORTHWEST PREFERRED FCU	Checking	*****	None	Edit Remove View

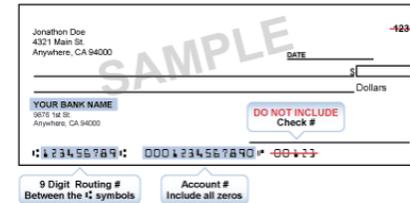
Payment Elections: 1 item

Pay Type	Payment Type	Account	Account Number	Distribution	Action
Regular	Direct Deposit	NORTHWEST PREFERRED FCU *****	*****	Balance Yes	Edit

If the account does not match exactly, Payroll will let the employee know they are unable to verify the account and the employee will need to provide a voided check or a letter from their bank.

View Account

Account Holder Name: [Redacted]
Account Country: United States of America
Used by Pay Types: Regular
Sample Check:



Account Information

Account Type: Checking
Routing Transit Number: [Redacted]
Account Number: [Redacted]
Bank Name: NORTHWEST PREFERRED FCU
Bank Identification Code: (empty)
Account Nickname (optional): (empty)

Account Match

If the account does match Payroll will mark this box.



<input type="checkbox"/>	Official Use Only: Account information verified in Workday.	
STATE OF OREGON Direct Deposit Authorization Form		
For Statewide Vendor / Employee Travel (not PERS/Payroll)		
RECOMMENDATION: For accuracy, type information or print legibly. <i>Retain a copy for your records.</i> Only forms with original (wet), blue ink signatures or Adobe digital certified signatures will be accepted.		
Section A – Payee Information		
1. Legal Name: John Smith		
2. Mailing Address: 155 Eazy St	City: salem State: OR Zip: 97304	
3. SSN/ FEIN/ OR #: OR1234567		
4. Phone Number: 503-333-2222	5. Email Address: myemail@email.com	
Section B – Request Type		
1. Type of Action (Required)		
New (Start) <input checked="" type="radio"/> Change <input type="radio"/> Cancel (Stop) <input type="radio"/>	Cancel Reason:	
2. Previous Account Type	3. Previous Routing Number	4. Previous Bank Account Number
Checking <input type="radio"/> Savings <input type="radio"/>		
Section C – Financial Institution Information (Must attach a bank letter or voided check.)		
1. Account Types	2. Routing Number	
Checking <input checked="" type="radio"/> Savings <input type="radio"/>	123456789	
Commercial <input type="radio"/> Personal <input checked="" type="radio"/>	3. Account Number	
	20001234	
4. Attached with this form (choose one). State employees can instead have Payroll certify information.		
<input type="radio"/> 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.		
<input type="radio"/> 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.		

Online Submission

Once completed Payroll will shred the form. Respond to the employee that the Direct Deposit Form has been verified and submitted for processing and will close the WD case.

Payment Information Center Submission Form

This online service is for payees who receive payments from the State of Oregon and would like to submit their State of Oregon Direct Deposit Authorization Form electronically.

Submitting a completed ACH Form here will upload it directly to our team for digital processing.

When using this electronic submission option, be sure to follow the instructions starting at "Specific Instructions."

To ensure signature authenticity, only forms with original (wet), blue ink signatures or Adobe digital certified signatures will be accepted.

Email address *

Enter your email address das:sharedpayroll@das.oregon.gov

SSN / FEIN / OR # (Social Security / Federal Employer Identification / OR Employee #) *

Enter a response
[Employee's OR# \(not the analyst who is processing\)](#)

Enter the number that is established in our system to receive payments. For State of Oregon employees for travel reimbursements, enter your OR Number.

Upload files *

Upload your completed State of Oregon Direct Deposit Authorization Form below.



Drag and drop files

Select Files

Submit

Processing Timeline

Upon receipt of the Direct Deposit Enrollment Form, please allow 2-3 weeks* for processing.

- Once we determine that the information on the Direct Deposit form is complete, the banking information is entered in R*STARS.
 - 52 Statewide Vendor Profile Screen
 - 51 Vendor Mail Code Profile Screen

*this includes the 1 week for R*STARS to prenote (confirm bank account information)



Payment Distribution Types (PDT)

- 52/51 vendor profile is updated to match Direct Deposit Enrollment Form
 - Vendor Contact Line – notes to changes made
 - Email address - receives system generate email notifications
- PDT = MA (default payment method)
 - PDT = DA (optional, preferred)

```

S052 UC: 10 STATE OF OREGON 12/18/25 12:27 PM
LINK TO: _____ SYSTEMWIDE VENDOR PROFILE TRNG
VENDOR NO: 1655554321 NAME CONTROL: GENE
VENDOR NAME: GENERIC BUSINESS NAME LLC
SEARCH NAMES: GENERIC BUSINESS NAME LLC
                GENER 97303
ALT VENDOR/FID: _____ 1099 IND: Y FEI/SSN IND: E REASON CODE: ADD
VENDOR TYPE: B OWNRSHP CD: N TIN MATCH: _
ADDRESS: 123 BUSY BUSY LN
                _____
                _____
CITY: SALEM ST: OR ZIP: 97303 CNTRY: _____
VENDOR CONTACT: _____ TAX OFFSET EXMPT: N
TELEPHONE: 503 555 6789 EXT: _____ FAX: _____ HOLD RSN: _____
PDT: MA EMAIL: _____ PNI: _____
ASY: 107 CONTACT: SFMS PHONE: 971 900 9771
                DIR DEP DATE: _____
W9 REQUEST DATE: _____ BU/WH EFF DATE: _____ STATUS CODE: A
EFF START DATE: 12182025 EFF END DATE: _____ LAST PROC DATE: 12182025
Z06 RECORD SUCCESSFULLY RECALLED
F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te TLS R 3 C 18 STCPU4PP
    
```

```

S052 UC: 17 STATE OF OREGON 01/14/26 03:37 PM
LINK TO: _____ SYSTEMWIDE VENDOR PROFILE TRNG
VENDOR NO: 1655554321 NAME CONTROL: GENE
VENDOR NAME: GENERIC BUSINESS NAME LLC
SEARCH NAMES: GENERIC BUSINESS NAME LLC
                GENER 97303
ALT VENDOR/FID: _____ 1099 IND: Y FEI/SSN IND: E REASON CODE: ADD
VENDOR TYPE: 5 OWNRSHP CD: N TIN MATCH: Z
ADDRESS: 123 BUSY BUSY LN
                _____
                _____
CITY: SALEM ST: OR ZIP: 97303 CNTRY: _____
VENDOR CONTACT: ACH ADD EML TAX OFFSET EXMPT: N
TELEPHONE: 503 555 6789 EXT: _____ FAX: _____ HOLD RSN: _____
PDT: DA EMAIL: IAMME@GENERICBUSINESS.ORG PNI: N
ASY: 107 CONTACT: SFMS PHONE: 971 900 9771
                DIR DEP DATE: 01082026
W9 REQUEST DATE: _____ BU/WH EFF DATE: _____ STATUS CODE: A
EFF START DATE: 12182025 EFF END DATE: _____ LAST PROC DATE: 01142026
Z06 RECORD SUCCESSFULLY RECALLED
F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXT
Te TLS R 3 C 18 STCPU77S
    
```

Processing Completed Notification

- System will send the user a welcome email.
 - User ID
 - Link to establish password
 - Link to the Payment Information Center
- Email address that sends out these emails is ACHApp.NO-REPLY@oregon.gov

Dear RICOH USA INC,

Thank you for participating in Direct Deposit payments with the State of Oregon. We have processed your Direct Deposit Authorization Form. If you want to review Remittance Advice information for any future direct deposit payment please go to the payment information website at <https://pmtinfo.dasapp.oregon.gov/> to confirm your account.

Your User ID is: RUI03344

Follow <https://pmtinfo-test.dasapp.oregon.gov:443/Account/ResetPassword?userid=b9db7bbf-0fef-44e6-ac20-ebaa2a1730df&code=CfDJ8HjSL9WqcDdHm9gUbDaTC3m%2fg9JLWJ19WFEJSZQY%2bS1yJhOm8XBWmFvZMA2U4rCAwF%2fn5Ogjxl4TdqvJW8GfRP2pdCQUaCbH8mN44zcab2DtPYV8luMKajCJ8ZnQH4YJq39JW5VfrEdlezGCC5uVecGaJxta7%2bfGbrgqLsUvkLEbwIM%2f9Nr5QrvlqNmeX6FOBjlgNIWe1qkgivXkx73XNvGJoHeYy5%2fsy1UHnOSWed> to reset your password.

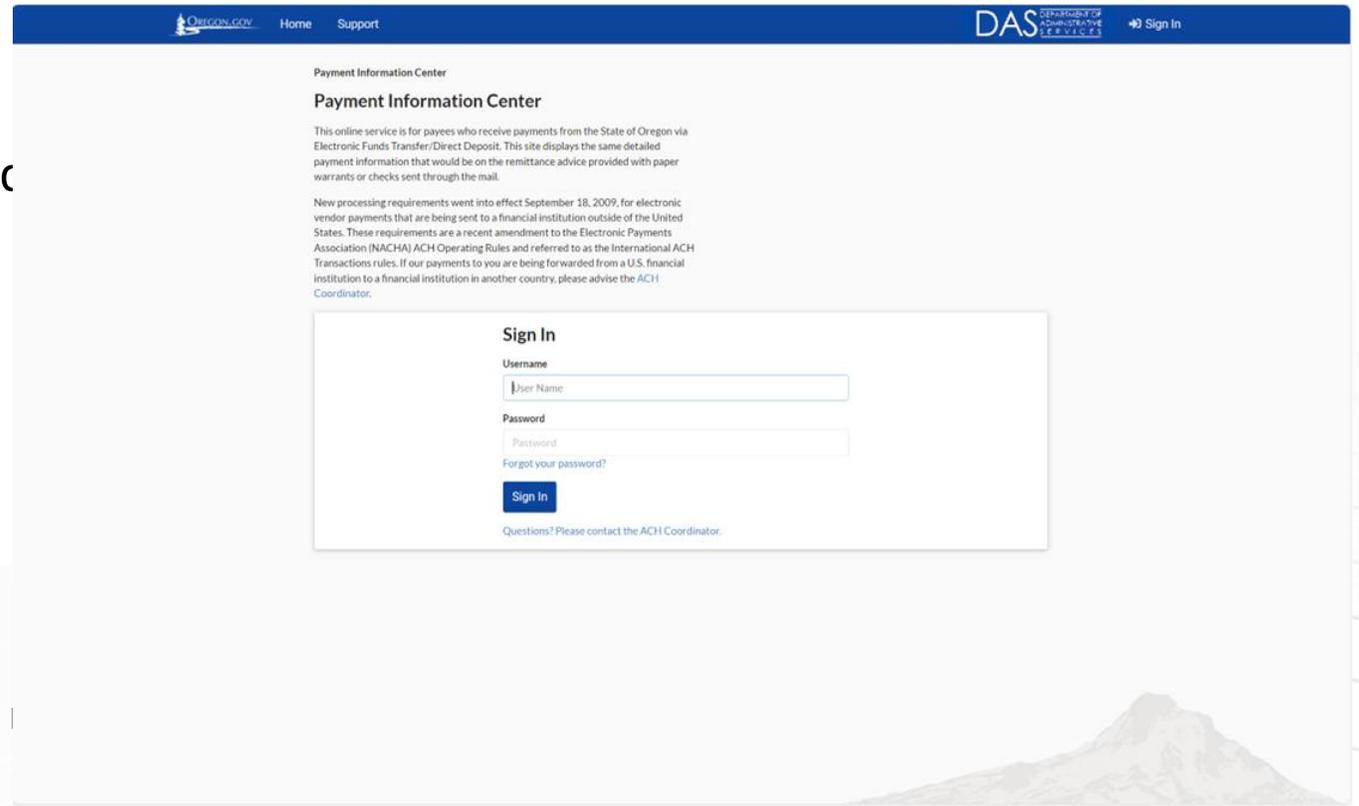
If you have any questions regarding this email please contact the ACH coordinator at ach.coordinator@das.oregon.gov.

Please do not respond to this email box. It is not supported.

This email was sent to LORETTA.BRIAND@DAS.OREGON.GOV using ACHApp.NO-REPLY@oregon.gov on behalf of Oregon Department of Administrative Services-[155 Cottage Street NE, Salem OR 97301](#)

Payment Information Center

- Remittance Website: <https://pmtinfo.dasapp.oregon.gov/>
- *What information does the vendor/employee need to access the website?*
 - User ID
 - Password
 - Email address (establish/reset password)

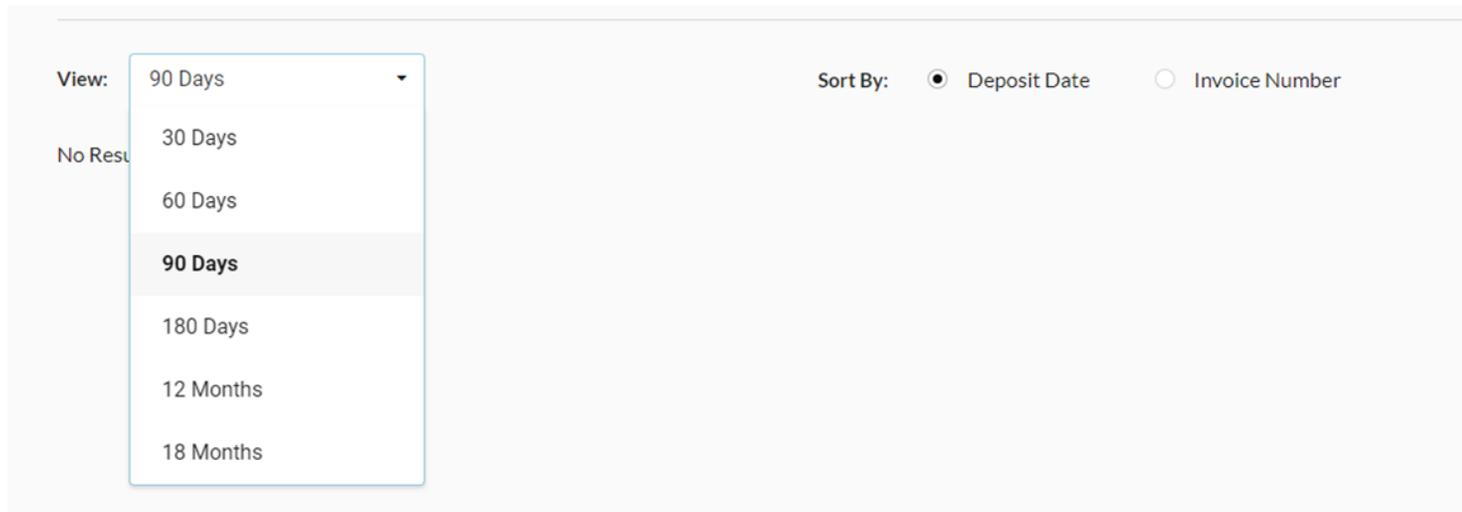


The screenshot shows the Payment Information Center website. The header includes the Oregon.gov logo, navigation links for Home and Support, the DAS Department of Administrative Services logo, and a Sign In link. The main content area is titled "Payment Information Center" and contains a sign-in form. The form has fields for Username (User Name) and Password, a "Forgot your password?" link, and a "Sign In" button. Below the form, there is a note: "Questions? Please contact the ACH Coordinator." The background of the page features a faint image of a mountain range.

Payment Information Center

Up to 18 months of remittance activity

- Any remittance activity beyond 18 months, the vendor/employee will need to request from the paying agency.



Export to Excel feature:



Remittance Advice From Website

```

SD02 UC: 04 STATE OF OREGON 11/30/23 04:57 PM
LINK TO: _____ AGENCY PROFILE PROD

AGENCY: 851 TITLE: BOARD OF NURSING
ACH AGY NAME: BOARD OF NURSING
ADDRESS LINE 1: 17938 SW UPPER BOONES FERRY RD
ADDRESS LINE 2:
ADDRESS LINE 3:
CITY: PORTLAND STATE: OR ZIP: 97224
A/P PHONE: 971 673 0664 EXTENSION: 696
A/P NAME: OSBN BUSINESS MANAGER
AGENCY GROUP: 99 AGENCY TYPE: 0 CASH BASIS: 99
GAAP FUNCTION: 07 ACO: 99
USAGE IND: I (I OR R) ARTICLE: -
DATA RELATED (1-40)
ERRORS (41-80)
1234567890123456789012345678901234567890
FUND RELATED (1-40)
ERRORS (41-80)
CONTROL INDS-1: 1 2: _ 3: _ SPLIT CA TRANS: N STATUS CODE: A
EFF START DATE: 04141994 EFF END DATE: LAST PROC DATE: 11252020
Z06 RECORD SUCCESSFULLY RECALLED

F1-HELP F3-DEL F9-INT F10-SAVE F11-SAVE/CLEAR ENTER-INV CLEAR-EXIT
Te TLS R 4 C 19 STCPU42I
    
```

View: 90 Days Sort By: Deposit Date Invoice Number

DEPOSIT DATE	PAY NUMBER	INVOICE NUMBER	INVOICE DATE	DOCUMENT NUMBER	DESCRIPTION	AMOUNT
BOARD OF NURSING Phone: (971) 673-0664 Ext 696 Account Number: [REDACTED]						
11/07/2023	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10/03/2023	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
						Sub-Total: [REDACTED]
						Total: [REDACTED]
BUREAU OF LABOR & INDUSTRIES Phone: (971) 358-3946 Account Number: [REDACTED]						
DEPOSIT DATE	PAY NUMBER	INVOICE NUMBER	INVOICE DATE	DOCUMENT NUMBER	DESCRIPTION	AMOUNT
10/19/2023	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
						Total: [REDACTED]
DEPARTMENT OF EMERGENCY MANAGEMENT Phone: (971) 900-9753 Account Number: [REDACTED]						

Remittance Advice From Website

```

S084 UC: 04 STATE OF OREGON 01/17/24 03:17 PM
LINK TO: _____ ACCOUNTING EVENT RECORD INQUIRY PROD
BATCH: AGENCY 851 DATE 103123 TYPE 4 NO 711 SEQ NO 00005 REC TYPE: A STATUS: A
GL: DR1 3501 CR1 1211 DR2 CR2 DR3 CR3 DR4 CR4
DOC AGY: 851 DOC DATE: 103123 EFF DATE: 103123 DUE DATE: 103123
SERV DATE: CUR DOC/SFX/CLASS: VP023035 001 MOD:
REF DOC/SFX/CLASS: AGENCY: 851
TRANS CODE: 222 INDEX: 20000 PCA: 21301 AY: 25 COMP/AGY OBJ: 4200 4201
AMOUNT: DISCOUNT: .00 FO: PDT: DA
CI: PROP #: 1099: INV-NO: 335595140001 DT: 101723
VEND/MC: 1592663954 000 DESC: ACCT#
NAME: OFFICE DEPOT INC CONT NO:
CITY: PHOENIX ST: AZ ZIP: 85038 RTI:
PMT-NO: 952194712 DT 110323 AP NO: 34000 FUND: 0417 AGY GL:
GRANT NO/PH: SUB GRANTEE: PROT NO/PH:
MPCD: AGY CD-1
G38-TRANSFER:
DISC-DT: TM: PEN-DT
LAST PROC - DT: 11032023 TIME
Z06 RECORD SUCCESSFULLY RECAL
F1-HELP F2-B5 F3-PRIOR IN
Te TLS
    
```

1. Document Number
2. Amount
3. Payment Number - Last 7 digits
4. Description
5. Invoice Number
6. Invoice Date

BOARD OF NURSING						Account Number: 8474
Phone: (971) 673-0664 Ext 696						
DEPOSIT DATE	PAY NUMBER	INVOICE NUMBER	INVOICE DATE	DOCUMENT NUMBER	DESCRIPTION	AMOUNT
11/07/2023	2194712	335595140001	2023-10-17	VP023035	ACCT#	
10/03/2023	2175705	330224184001	2023-09-07	VP022971	ACCT#	
	2175705	330253770001	2023-09-07	VP022971	ACCT#	
Sub-Total:						30
Total:						

DAFR5061 & DAFR5062 - ACH Error Reports

- Control reports sent daily to SFMS by Treasury at 9:30 a.m.
- ACH return entry detail report
 - Paying Agency Name and Number
 - Vendor Name and Number
 - Bank account Information
 - Credit/returned amount (if any)
 - Reason/Error Code
- R*STARS will automatically cancel most direct deposit payments that are returned by the bank. Under special circumstances a manual cancellation of the ACH payment may be required.
 - The system automatically generates an entry with TC 385 to reduce the agency's expenditures and increase cash at Treasury.

Types of Errors – Rejected

1. Direct deposit rejected

Reason/Error Codes:

- ❖ R02 – Account Closed
- ❖ R03 – No Account/Unable to Locate Account
- ❖ R04 – Invalid Account Number

- Direct Deposit payment returned
 - ACH Coordinator notifies agency contact (D02 screen) via email.
 - R*STARS notifies the vendor via email.



State of Oregon Direct Deposit Rejected



ach.no-reply@DAS.oregon.gov

To [redacted]

Reply

You don't often get email from ach.no-reply@das.oregon.gov. [Learn why this is important](#)

Dear [redacted],

Thank you for doing business with the State of Oregon. You or someone in your organization has requested to receive payments via ACH. However, a payment from the PARKS AND RECREATION DEPARTMENT was not accepted by your financial institution. PARKS AND RECREATION DEPARTMENT will reissue this payment as a warrant and mail it to you if there are no restrictions. If you have any questions about this payment, please call PARKS AND RECREATION DEPARTMENT at 503-428-8822 and give them your payment number 95-2390449.

Your financial institution did not accept your payment due to:
ACH Return Reason: R02 - ACCOUNT CLOSED

The direct deposit account on file has been removed. To re-enroll in the ACH program, please submit a new Direct Deposit Authorization Form, available at <https://oregon.gov/das/Financial/AcctgSys/Pages/ach.aspx>.

Please do not respond to this email box. It is not monitored.

The email was sent to [redacted] on behalf of Oregon Department of Administrative Services - 1225 Ferry St. SE, FL 2, Salem, OR 97301

Types of Errors – Rejected

1. Direct deposit rejected

Reason/Error Codes:

- ❖ R02 – Account Closed
- ❖ R03 – No Account/Unable to Locate Account
- ❖ R04 – Invalid Account Number

- R*STARS auto removes banking info and PDT auto changes from DA to MA (52/51 profile screens)
- Payment status auto changes from P to C (44/47 payment screens)

```

S044 UC: 04 STATE OF OREGON 01/13/26 12:24 PM
LINK TO: _____ SINGLE PAYMENT CANCELLATION PROD

PAYMENT NO: 952624124 CANCEL REASON CODE: 007 DOCUMENT NO: DC624124 690
VENDOR NO/MC: _____ 000 BANK MICROFILM NUMBER:
VENDOR NAME: _____
ISSUE DATE: 01/07/26 CLEARANCE DATE: 01/09/26 PAYMENT STATUS: C ✓
COUNT: 00003 PAYMENT AMT: 388.00 DOCUMENT AMT: 388.00

DOC NO SFX AGY TC INDEX PCA APP FND AY COBJ AOBJ PDT W R AMT
VP061517 001 690 222 55311 81050 0717 27 4109 4109 DA 1 58.00
VP061517 002 690 222 55311 81050 0717 27 4104 4003 DA 1 5.00
VP061518 001 690 222 55311 81050 0717 27 4437 4437 DA 1 325.00

Z06 RECORD SUCCESSFULLY RECALLED
*NO MORE PAYMENT CANCELLATIONS*
F1-HELP F8-NEXT F9-INTERRUPT F10-SAVE F11-SAVE/CLEAR ENTER-INQ CLEAR-EXIT
Te| TLS R 5 C 16 STCPU5NO
  
```

```

S047 UC: 04 STATE OF OREGON 01/13/26 12:35 PM
LINK TO: _____ PAYMENT CONTROL TABLE STATUS MAINTENANCE PROD

WARRANT INFORMATION:

WARRANT NUMBER: 952624124 STATUS MAINTENANCE: _
CLEARANCE DATE: 01092026 (MMDDYYYY)

CLEARANCE FISCAL:
CURRENT STATUS: C ✓
STOP DATE:
WARRANT ISSUE DATE: 01072026
WARRANT EXPIRATION DATE: 01072028
VENDOR/MC: _____ 000
VENDOR NAME: _____
FISCAL YR: 26
AMOUNT: 388.00
CROSS REFERENCE NUMBER: STATUS: REWRITE/DUPLICATE IND:
BANK MICROFILM NUMBER: BANK TAPE NUMBER:
Z06 RECORD SUCCESSFULLY RECALLED

F1-HELP F5-NEXT F9-INT F10-SAVE F11-SAVE/CLEAR ENTER-INQ CLEAR-EXIT
Te| TLS R 8 C 27 STCPU5NO
  
```

Types of Errors – Auto Bank Account Change

2. Automatic bank account change

Reason/Error Codes:

- ❖ *C01 – Incorrect Account Number*
- ❖ *C02 – Incorrect Transit/Routing Number*
- ❖ *C03 – Incorrect Routing Number and Account Number*

- ACH Payment is NOT returned
- PDT remains *DA* (52/51 profile screens)
 - R*STARS **automatically** changes banking information
- Payment status remains *P* (44/47 payment screens)

Types of Errors - Refused

3. Direct deposit refused

Reason/Error Codes:

- ❖ *R16 – Account Frozen*
- ❖ *R23 – Credit Entry Refused by Receiver*

- ACH payment returned
 - ACH Coordinator notifies agency contact (D02 screen) via email.
- SFMS cancels payment manually to return funds to agency.
 - Payment status manually cancelled and changes from *P* to *C* (44/47 payment screens)
- R16 Account Frozen - SFMS manually removes ACH information from R*STARS
 - PDT changes from *DA* to *MA* (52/51 profile screen)

Direct Deposit Changes – Vendor Desk

Via Vendor Desk Change Form:

- Search Names
- Address
- Vendor Contact
- Telephone and Ext
- Fax Number

These changes can be requested by Agency Staff that are on the Signature Authority List for SFMA.

```
S052 UC: 04 STATE OF OREGON 02/07/24 10:55 AM
LINK TO: _____ SYSTEMWIDE VENDOR PROFILE PROD
VENDOR NO: _____ NAME CONTROL: _____
VENDOR NAME: _____
SEARCH NAMES: _____
ALT VENDOR/FID: _____ 1099 IND: _____ FEI/SSN IND: _____ REASON CODE: _____
VENDOR TYPE: _____ OWNRSHP CD: _____ TIN MATCH: _____ TIN: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____ CNTRY: _____
VENDOR CONTACT: _____ TAX OFFSET EXMPT: N
TELEPHONE: _____ EXT: _____ FAX: _____ HOLD RSN: _____
PDT: DA EMAIL: _____ PNI: _____
AGY: _____ CONTACT: _____ PHONE: _____
UPDATED BY: _____ DIR DEP DATE: _____
ABA NUMBER: _____ ACCT NO/TYPE: _____ FORMAT: _____
W9 REQUEST DATE: _____ BU/WH EFF DATE: _____ STATUS CODE: R
EFF START DATE: 02072024 EFF END DATE: _____ LAST PROC DATE: _____
F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INO CLEAR-EXT
Te TLS R 16 C 9 STCPU200
```

Direct Deposit Changes – ACH Coordinator via Email

```
S052 UC: 04 STATE OF OREGON 02/07/24 10:55 AM
LINK TO: SYSTEMWIDE VENDOR PROFILE PROD
VENDOR NO: NAME CONTROL:
VENDOR NAME:
SEARCH NAMES:
ALT VENDOR/FID: 1099 IND: FEI/SSN IND: REASON CODE:
VENDOR TYPE: OWNERSHP CD: TIN MATCH: TIN:
ADDRESS:
CITY: ST: ZIP: CTRY:
VENDOR CONTACT: TAX OFFSET EXMPT: N
TELEPHONE: EXT: FAX: HOLD RSN:
PDT: DA EMAIL: PNI:
AGY: CONTACT: PHONE:
UPDATED BY: DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE:
EFF START DATE: 02072024 EFF END DATE: LAST PROC DATE:
F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INO CLEAR-EXT
Te TLS R 16 C 9 STCPU200
```

Via Email:

- Employee Name*
 - Must be updated in Workday Payroll
 - 1 week system prenote
- Address
- Telephone
- Email

Emails must come directly by the authorized signer(s).

Send requests to: ACH.Coordinator@das.Oregon.gov

*Note: Banking information must be removed – system will not allow a name change if the PDT is DA.

Direct Deposit Changes – ACH Coordinator via Form

```
S052 UC: 04 STATE OF OREGON 02/07/24 10:55 AM
LINK TO: _____ SYSTEMWIDE VENDOR PROFILE PROD
VENDOR NO: _____ NAME CONTROL: _____
VENDOR NAME: _____
SEARCH NAMES: _____
ALT VENDOR/FID: _____ 1099 IND: _____ FEI/SSN IND: _____ REASON CODE: _____
VENDOR TYPE: _____ OWNRSHP CD: _____ TIN MATCH: _____ TIN: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____ CNTRY: _____
VENDOR CONTACT: _____ TAX OFFSET EXMPT: N
TELEPHONE: _____ EXT: _____ FAX: _____ HOLD RSN: _____
PDT: DA EMAIL: _____ PNI: _____
AGY: _____ CONTACT: _____ PHONE: _____
UPDATED BY: _____ DIR DEP DATE: _____
ABA NUMBER: _____ ACCT NO/TYPE: _____ FORMAT: _____
W9 REQUEST DATE: _____ BU/WH EFF DATE: _____ STATUS CODE: _____
EFF START DATE: 02072024 EFF END DATE: _____ LAST PROC DATE: _____

F1-HELP F3-DEL F5-NXT F6-51 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INO CLEAR-EXT
Te TLS R 16 C 9 STCPV200
```

Via Direct Deposit Enrollment Form:

- Vendor Name*
 - W9
 - TIN match
 - 1 week system prenote
- ABA / Routing Number
- Account Number
- Tax ID Number
 - Cancel Form - Old Tax ID Number
 - New Form – New Tax ID Number

Form to change must be signed by the authorized signer(s).

*Note: Banking information must be removed – system will not allow a name change if the PDT is DA.

Direct Deposit Cancel

Via Direct Deposit Enrollment Form:

- Fill out Sections A, B, and D only.
- PDT on the 52/51 vendor profile screen will revert back to default payment method of MA.

Form to cancel must be signed by the authorized signer(s).



Official Use Only:
Account information
verified in Workday.

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: Zip:
3. SSN / FEIN / OR #:			
4. Phone Number:		5. Email Address:	
Section B – Request Type			
1. Type of Action (Required) New (Start) <input type="radio"/> Change <input type="radio"/> Cancel (Stop) <input type="radio"/>		Cancel Reason:	
2. Previous Account Type Checking <input type="radio"/> Savings <input type="radio"/>	3. Previous Routing Number	4. Previous Bank Account Number	
Section C – Financial Institution Information (Must attach a bank letter or voided check.)			
1. Account Types Checking <input type="radio"/> Savings <input type="radio"/> Commercial <input type="radio"/> Personal <input type="radio"/>		2. Routing Number	
		3. Account Number	
4. Attached with this form (choose one). State employees can instead have Payroll certify information. <input type="radio"/> 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. <input type="radio"/> 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	

New Mail Code Activation Request

If the 52 Statewide Vendor profile, Mail Code 000 has a PDT = DA.

- Vendor Desk will NOT activate the profile



```
S03N UC: 17 STATE OF OREGON 01/13/26 03:44 PM
VENDOR NUMBER INQUIRY TRNG

VENDOR NO: 1655554321 AGY:

S VENDOR NO / MC PDT SC VENDOR NAME ADDRESS 1
- 1655554321 000 DA A GENERIC BUSINESS NAME LLC 123 BUSY BUSY LN
- 1655554321 001 MA R GENERIC BUSINESS NAME LLC 456 TIED UP AVE

236 RECORD(S) RECALLED - END OF LIST

F1-HELP F7-PRIOR PAGE F8-NEXT PAGE F9-INTERRUPT ENTER-INQUIRE CLEAR-EXIT
Te TLS R 4 C 15 STCPU694
```

```
S051 UC: 17 STATE OF OREGON 01/13/26 03:40 PM
LINK TO: VENDOR MAIL CODE PROFILE TRNG
VENDOR NO: 1655554321 GENERIC BUSINESS NAME LLC
MAIL CODE: 001 NAME: GENERIC BUSINESS NAME LLC
SEARCH NAMES: GENERIC BUSINESS NAME LLC
GENER 97305
ADDRESS: 456 TIED UP AVE
***USE MC 000 DIRECT DEPOSIT***** ✓
CITY: KEIZER ST: OR ZIP: 97305
COUNTRY: REGION: TAX RATE:
UPDATE REASON: ADD OWNERSHIP CODE: N LICENSE:
VENDOR CONTACT: FAX:
TELEPHONE: 503 123 4567 EXT: ALT VEND NAME: V LTR DATE:
PDT: MA EMAIL: PNI:
AGY: 107 CONTACT: SFMS PHONE: 971 900 9771
DIR DEP DATE:
HOLD REASON CODE: STATUS CODE: R
EFF START DATE: 01132026 EFF END DATE: LAST PROC DATE: 01132026
207 NEXT RECORD SUCCESSFULLY READ

F1-HELP F3-DEL F5-NXT F6-52 F9-INT F10-SAVE F11-SAVE/CLR ENTER-INQ CLEAR-EXIT
Te TLS R 3 C 15 STCPU694
```

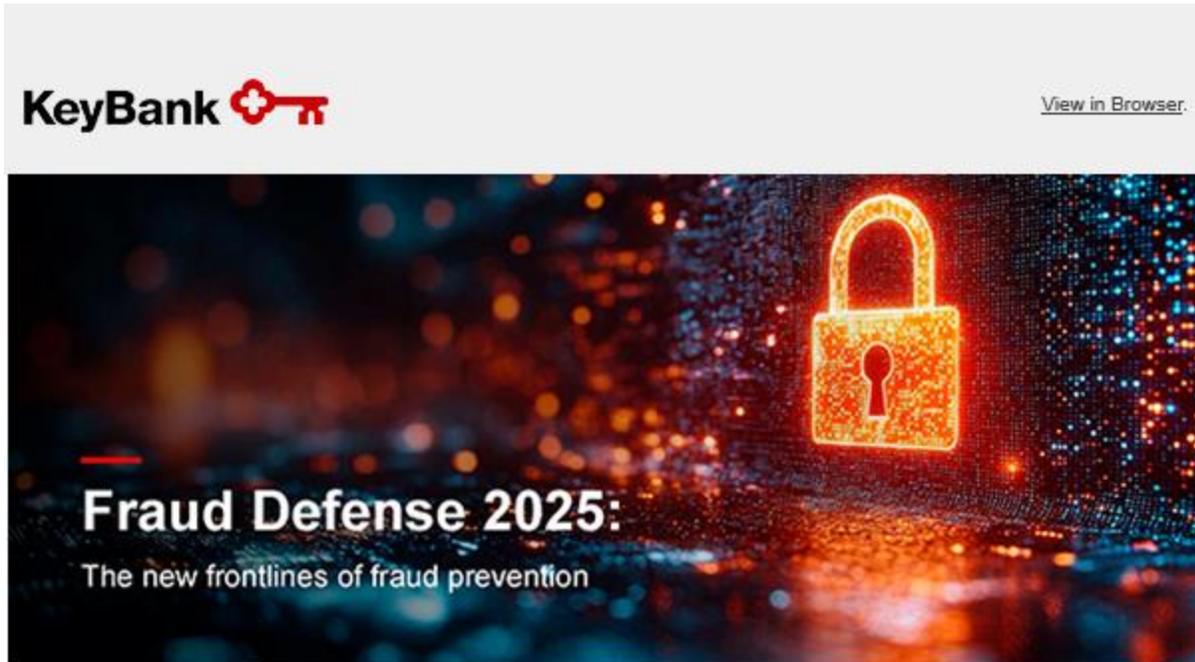
New Mail Code Activation Request

- Contact the ACH Coordinator via email to request activation of new mail code
 - ACH Coordinator will contact the Authorized Signer via email to obtain approval

OR

- Contact the ACH Coordinator via email to verify the last 4 digits of the bank account that is on mail code 000
 - Call the ACH Coordinator if you need to verify the full banking information.

KeyBank – 3 Biggest Scams



[Fraud Defense 2025: The New Front Lines of Fraud Prevention | Ke](#)

SFMS Scams

- Email Account Takeover (EAT) or email hijacking
 - Hackers/fraudsters impersonating vendor
- Business Email Compromise (BEC)
 - Hackers compromise a legitimate business email account, intercept communications and attempted to change banking information
- Change of Banking Details Scam
 - Fraudsters send in Forms to change bank account information



ACH Forms Handling

Limit Exposure!!

- Do NOT email ACH Forms or any banking information because our emails are not secure.
- Instruct vendors/employees to follow submission instructions
 - Send forms directly to ACH Coordinator
 - Online submission preferred
- Exposure List
 - Forms received not in compliance are tracked and monitored



Wrap Up

Questions?

Contact Information

Email: ach.coordinator@das.oregon.gov

Phone: 971-900-9771

Refer vendors/employees to the [ACH - Direct Deposit Website](#).