



**Other Agency Accounts (OAA)
Authorization for Disclosure and Financial Action**

For office use only
Date received

This authorization form is valid only if all fields are completed and the form is signed.

Debtor name		Identifying number (SSN or account number)	
Phone numbers (include cell, home, and work numbers)			Date of birth
Address	City	State	ZIP code

I hereby designate the following person as my authorized representative (you may authorize anyone):

Authorized representative	Phone numbers (include cell, home, and work numbers)		
Address	City	State	ZIP code

I authorize the Department of Revenue to disclose my confidential OAA debt information to my authorized representative. This may include, but is not limited to, disclosure of dates when debt occurred; type of debt; and to whom debt is owed.

I authorize my authorized representative to set up a payment plan; manage all payments and settlement offer(s); obtain balance information; and resolve any and all financial issues associated with my debts. I understand if I do not meet payment obligations, I will be subject to further collection activity.

I authorize my authorized representative to act on my behalf for all current and all future collection accounts assigned to OAA which could include: medical debt; court debt; corrections debt; school debt; and debt from all other State of Oregon agencies, boards, and commissions.

I do not authorize the department to disclose information to my authorized representative, and do not authorize my authorized representative to act on my behalf with respect to the following debts:

I acknowledge that actions taken by my authorized representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because my representative is not an attorney.

Signature of debtor

I understand this form is valid from the signature date.

Signature X	Print name	Date
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Note: This authorization will remain in effect indefinitely unless revoked. To revoke this authorization, you may call or submit a letter to the mailing address or fax number below. This form does not replace any *Tax Information Authorization and Power of Attorney for Representation* form (150-800-005) you may have on file for your taxes.

Please complete the following, if known (for routing purposes only):

Revenue employee: _____
 Division/section: Collections Central Support
 Telephone: 877-222-2346 Fax: 503-947-2050 TTY: 1-800-886-7204

Send to: Oregon Department of Revenue
 Other Agency Accounts
 PO Box 14725
 Salem OR 97309-5018