

# Department of Revenue (OAA) New Program Information Form

Revenue Use Only

Restricted

Unrestricted

Program Code:

Full Agency Name:

Date:

Full Agency Address:

Public Referral Phone #:

Fax Number:

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**Money Transfer Information (for monthly Treasury transfer of funds collected)**

Local Government Investment Pool Account:

Bank Account:

Checking or  Savings

Bank Routing Number:

Bank Account Number:

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**Program Attributes\*:**

Settlement Offer Accepted? If so, under what terms? \_\_\_\_\_

Pass the cost of collections to the debtor. If no, state reason: \_\_\_\_\_

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**Optional Services\*:**

Opt in to centralized collection model? (DOR would manage debt assignment to PCF)

Non-docketed warrant and garnishment (wage/bank garnishment process)

Docketed Warrant (Recorded in the lien county records)

Bankruptcy

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**Agency Contact Information for program:**

Agency IT Contact Name/Title:

E-mail:

Direct Phone Number:

First OAA Contact Name:

E-mail:

Direct Phone Number:

Second OAA Contact Name:

E-mail:

**Direct Phone Number:**

**Type of debt being assigned to OAA for collection:**

\*Changes to program attributes in the future, may have programming impacts such as requiring a new program code.

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**Please email this completed form to: [OAA.technicalhelp@oregon.gov](mailto:OAA.technicalhelp@oregon.gov)**