



ACH Debit Authorization SPER (Self-Pay Early Retiree)

Office use only

Approved by: _____

Approved date: _____

Effective date: _____

Member information

E number Gender Date of birth (mm/dd/yyyy)
 M F Other

Last name First name M.I.

Address Check if new address Apartment or space#

City State ZIP County

Personal email Primary phone number Mobile phone number

Are you Medicare eligible? Yes No

Account information

New banking information Update to existing banking information Effective date (mm/dd/yyyy)

Personal account Business account Checking Savings

Financial institution name Account holder name

A voided check must be attached

If you do not have checks, please contact your financial institution to provide a letter verifying your account.

Deposit slips are not sufficient.

Nine-digit routing transit number

Account number

(Show the number exactly as written including necessary spaces, zeros, or dashes.)

International ACH Determination *(More information is provided on the first page.)*

I have payment instructions in place with a non-US Financial Institution to transfer funds to my US Financial Institution identified above for the specific purpose of funding this recurring debit transaction.

Authorization

I hereby authorize the Oregon Educators Benefit Board to withdraw funds (electronically debit and/or credit my account to correct erroneous debits) only from the above account at the financial institution indicated. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Oregon and U.S. law.

Signature of account holder _____

Date _____

How to revoke your authorization

This authorization is to remain in full force and effect **until I submit a written termination notification to the Oregon Educators Benefit Board using the address or fax number listed below.** I understand OEGB requires at least 2 days prior to the last day of the month to cancel this authorization.

Send the completed form and a voided check to: OEGB, Financial Services
500 Summer Street NE, E-88
Salem, OR 97301-1063

Or by fax: 503-378-5832



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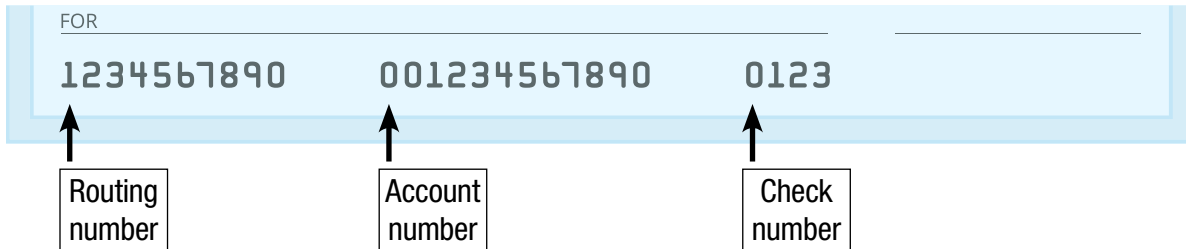
Use this form to authorize OEGB to withdraw premiums from your bank account each month. This authorization will remain in effect until revoked in writing, or until superseded by another form submitted at a later date. Should your premium amount change, the amount withdrawn will change accordingly without need for a new authorization.

If your banking information changes, submit another form with your new account information to maintain timely premium payments.

If you have questions or concerns, please call OEGB at 1-888-469-6322

Frequently Asked Questions: ACH Debits

Where can I find my routing transit and account numbers on my check?



What is an ACH Debit Authorization?

The “ACH” stands for Automated Clearing House. ACH is an electronic payment network used by individuals, businesses, financial institutions and government organizations. Electronic ACH payments provide more efficient cash management capabilities and lower costs than traditional paper payments.

What am I authorizing OEGB to do?

By completing and signing this ACH Debit Authorization form, you give consent to OEGB to “auto-deduct” monthly insurance premiums directly from your account. To establish this recurring monthly transaction, you must complete this form and attach a VOIDED check to the address indicated above.

Do I need to fill out this form each plan year?

No. OEGB will continue to debit your account as long as you are eligible for OEGB benefits.

What is an international ACH determination?

Generally not applicable. This only applies if you have payment instructions to transfer funds from a Non-US Financial Institution to a US Financial Institution explicitly for funding of this debit transaction.

When will funds be withdrawn from my account?

Funds will be withdrawn for your monthly premiums directly from your checking or savings account on the 2nd business day of each month.