



Authorization Agreement for Employer ACH Payments

ALL sections MUST be completed

Section 1 – ACH election: Debit or credit

ACH debit election

If you choose this option, please complete all sections of this form. Recurring electronic transfer of funds will take place on the 7th business day of each month. Funds withdrawn will be for the actual amount shown on your Monthly Billing Statement. OEGB will follow up with the OEGB 10-digit company ID number soon after receiving this form, please provide this information to your financial institution. This information will be faxed to the person in section 2 of this form.

ACH credit election

If you choose this option, please complete section 2 of this form. You will have to work with your financial institution before initiating ACH credit transactions. OEGB will follow up with our banking information soon after receiving this signed form. Banking information will be mailed to the person in section 2 of this form.

How to revoke your ACH debit authorization

This authorization is to remain in full force and effect until a written termination notification is submitted to the Oregon Educators Benefit Board using the address or fax number listed in section 3 below. I understand OEGB requires at least 2 days prior to the last day of the month to cancel this authorization.

Section 2 – Employer information

Entity name		MyOEGB ID number	
Mailing address			
City	State	ZIP	
Financial officer (or business manager)	Phone number	Fax number	

Section 3 – Sending state agency information

Agency name Oregon Educators Benefit Board			
Mailing address 500 Summer Street NE, E-88			
City Salem	State OR	ZIP 97301-1063	
Financial coordinator Rosie Ivanov	Phone number 503-378-6597	Fax number 503-378-5832	

