

Authorization Agreement for Employer ACH Payments

ALL sections MUST be completed

Se	ction 1 – ACH election: Debi	t 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 Funds withdrawn will be for the actual amount shown on your Monthly Billing Statement. OEBB will follow up with the OEBB 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. OEBB 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.							
Ηον	w to revoke your ACH debit author	ization						
Ben	authorization is to remain in full force and efit Board using the address or fax number day of the month to cancel this authorization	listed in section 3 below. I unde		_				
Se	ction 2 – Employer informat	ion						
Entity name			MyOEBB ID number					
Mail	ing address							
City			State	ZIP				
Fina	ncial officer (or business manager)	Phone number	Fax number					
Se	ction 3 – Sending state ager	ncy information						
•	ncy name egon Educators Benefit Board							
	ing address) Summer Street NE, E-88							
City Sal	em		State OR	ZIP 97301-1063				
	ncial coordinator sie Ivanov	Phone number 503-378-6597	Fax number 503-378-5832	2				

Section 4	– Financial institution i	information						
Name								
Mailing address	3							
City			State	ZIP				
Voided check must be attached								
If this is a change to a previous ACH designation, please provide the effective date of change:								
Type of account (Check one): Checking Savings Business account (Check this box only if the checking or savings account is a business account.)								
Nine-digit routir	•	ccount number Show the number exac	etly as written includ	ing necessary spaces, zeros	s, or dashes.)			
Section 5	– 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 Oregon and U.S. law.								
a Non U.S. Fi Company is	ACH Determination: Indicate by chenancial Institution to a U.S. Financial owned by an International Compatitution specifically to fund this	al Institution explicitly pany and there are i	for funding of this	debit transaction. EXAMP	LE: U.S.			
☐ I have pa	ayment instructions in place with a Il Institution identified above for the	non-U.S. Financial Ir						
Signature of Fin	nancial Officer (or business manage	er)		Date				
Print name		Offic	cial title					
Send the comp	pleted form and a voided check	to:			······			
By mail:	OEBB, Financial Services 500 Summer Street NE, E-88	By fax: 503-378 By email: <u>oebb.b</u>	3-5832 enefits@odhsoha.c	oregon.gov				

Salem, OR 97301-1063