

# State of Oregon

## Direct Deposit Authorization Form



**For State Wide Vendor / Employee Travel (not PERS/Payroll)**

**RECOMMENDATION:** For accuracy, type information or **print legibly.**

*Only forms with **original** signatures are accepted (No faxes or copies) - Retain a copy for your records*

### SECTION A – PAYEE INFORMATION

*Instructions are on Page 2*

1. TYPE OF ACTION (Required) <input type="checkbox"/> NEW (Start) <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL (Stop)	2. <b>SSN / FEIN / OR#</b> (Social Security / Federal Employer Identification / Oregon Employee Number – <u>Only one ID number Required</u> )
3. PAYEE NAME AND MAILING ADDRESS (Required)	4. PHONE NUMBER (Recommended)
	5. EMAIL ADDRESS (for payment notification - Required)

### SECTION B – AUTHORIZATION - IMPORTANT! Please read and sign before submitting.

**This form is used to authorize direct deposit to a checking or savings account.**

**Cancel account** – To **cancel** this authorization, fill out a new form and check the cancel (STOP) box, sign and date the form and mail as instructed on the back.

**Change account** – By selecting the “change” box and completing the form with new account information, or by selecting the “cancel” box, you hereby revoke your previous authorization for direct deposit.

**International transaction certification** – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.

**I certify that I have read and understand** the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and U.S. law. I certify that I am authorized to enter into this agreement as the account holder.

1. <input checked="" type="checkbox"/>	Signature of Account Holder (Required)	Print Name (Required)	Title (if company account) (Required)	Date (Required)
2. <input checked="" type="checkbox"/>	Signature of Account Holder	Print Name	Title (if company account)	Date

### SECTION C – FINANCIAL INSTITUTION INFORMATION (To be completed and signed by Financial Institution Representative or SFMS will accept Agency Payroll Office signature for State Employees travel reimbursements.)

1. ACCOUNT TYPE (1): a. <input type="checkbox"/> SAVINGS b. <input type="checkbox"/> CHECKING	ACCOUNT TYPE (2): c. <input type="checkbox"/> PERSONAL d. <input type="checkbox"/> COMMERCIAL		
2. ABA/BANK ROUTING NUMBER (Required)	3. DEPOSITOR ACCOUNT NUMBER (Required)		
Location of account numbers are on bottom of your check: 	Memo <b>[EXAMPLE]</b> { 123456789 }   { 2345678 }   { 9876 } Routing number   Account number   Check #		
4. FINANCIAL INSTITUTION NAME (Required)	5. NAME(S) AS THEY APPEAR ON ACCOUNT (Required)		
6. FINANCIAL INSTITUTION ADDRESS (Required)			
(Number and Street) <span style="float: right;">(City) <span style="float: right;">(State) <span style="float: right;">(Zip)</span></span></span>			
I have verified the account number above. This Financial Institution is ACH capable and will comply with NACHA rules. (SFMS will accept Agency Payroll Office signature for State Employees travel reimbursements.)			
7. Financial Representative's Name (Printed or Typed - Required)	8. Signature of Financial Representative (Required)	9. Telephone Number (Required)	10. Date (Required)

### SECTION D – FOR DAS/EGS/FBS/SFMS USE ONLY

1. Vendor No. and Mail Code	2. Pre-note Date	3. NACHA Format PPD+   CCD+	4. Notes
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Department of Administrative Services  
EGS FBS SFMS / ACH Coordinator  
1225 Ferry St SE, FL 2  
Salem, OR 97301-4278

**General Instructions**

- I. Complete sections A and B
- II. Have your Financial Institution complete and sign Section C.
- III. Mail the **original** completed form (no faxes or copies accepted) to address above.
- IV. Mark envelope CONFIDENTIAL

**Specific Instructions**

**Section A**

1. **Mark 1 Check Box for Type of Action:**

- **New (Start)** – New enrollment, or re-enrolling after a cancellation.
- **Change** – Adding to or changing any existing contact information. NOTE - Section C may be left blank if changing only the email address, telephone number, or mailing address. Section C must be completed if changing banking information.
- **Cancel** – To stop direct deposit payments. Future payments will be mailed to the address you provide on this form.

2. **Social Security Number (SSN) or Federal Employer's Identification Number (FEIN) or State of Oregon Employee ID (OR#) found on employee pay stub:** Disclosure of your SSN is voluntary pursuant to 42 USC 405(c)(2)(C). **However**, since the State of Oregon is required to file information returns with the Internal Revenue Service under certain conditions, if you choose not to provide your social security number you may be ineligible for this service.

3. **Name and Address:** Since there is a small possibility that a payment may have to be mailed to you, an address must be provided. For vendors and recipients, this is the mailing address where you receive payments against your invoices. For state employees, the address may be your home or work address.

4. **Phone Number:** Please provide a daytime phone number where you may be reached during business hours in case there are any challenges setting up this service or delivering a future payment to you.

5. **Email Address:** Provide an email address to receive payment notification, and other pertinent information as needed. You will be provided a UserID in order to view itemized payment detail on the State's website; <https://pmtinfo.dasapp.oregon.gov/>.

**Section B**

Read and sign the form to indicate your agreement with the terms and conditions specified on it. **Only original signatures will be accepted.**

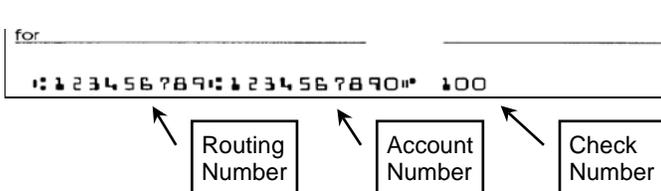
**Recovery of funds deposited in error.** In the event that an erroneous EFT payment occurs, creating an over-payment, the State reserves the right to debit (withdraw funds from) your account accordingly.

**International transactions** – In order to comply with the National Automated Clearing House Association (NACHA) Rules, the State is required to determine if Direct Deposit funds from the State are moving entirely outside the U.S. If this is determined to be the case, the State will not be able to remit funds electronically into your account.

**Section C - Financial Institution must complete and sign this section (Bank, Credit Union, etc.)**

For State employees travel reimbursements; SFMS will accept Agency Payroll Office signature.

1. **Type of Account:** Specify if Checking or Savings and if Personal or Commercial.
2. **ABA/Bank Routing Number:** This is always a nine-digit number. See the check numbering example below.
3. **Depositor Account Number:** This may have up to seventeen digits. See the example below.  
**Check Number:** This may be located between the routing number and the account number or after. (*Do not include*)



**If you have any questions, please contact us at:**  
[ACH.Coordinator@das.oregon.gov](mailto:ACH.Coordinator@das.oregon.gov)  
or  
(971) 900-9771

<http://www.oregon.gov/DAS/Financial/AcctgSys/Pages/ach.aspx>

Retain a copy for your records