

### Authorization Agreement for Automatic Deposits

PERS encourages you to deposit your benefit payment directly to your bank or other financial institution for the following reasons:

- the deposit is always on time rather than depending on mail delivery;
- there is no risk your benefit payment will be stolen or lost; and
- if you are on vacation or ill, you will not have to make arrangements for your benefit to be deposited by someone else.

To have your benefit payment deposited directly, complete this form. Note: If you use automatic deposit for your monthly check and you receive more than one monthly check from PERS, all of your PERS accounts will be changed to this account number.

The diagram shows a voided check with the word "Void" in large, outlined letters in the center. The check is from "PERS Retiree" at "1234 NW Center Street, Anytown, OR 20000". The amount is "1234" dollars. The bank is "ANYTOWN BANK, Anytown, OR 20000". The routing number is ":250200125" and the account number is ":203030""10"". A callout box points to the routing number and account number fields, stating "Do NOT include the check number." The check number "1234" is shown at the bottom right. The date is "15-000/000".

Please attach a voided check for deposit to a checking account. See the blank check guide above for information on where the routing and account numbers are located on your checks.

PERS must coordinate with your financial institution, and your first monthly check may be mailed to you. Future changes to your account number may result in a monthly check to be mailed to you. All payments other than your monthly benefit will be mailed to you. Therefore, you should always provide PERS with a current mailing address.

An information stub will be mailed three times per year to your current mailing address.

### Section A: Applicant information

Fill this section out completely.

Check which plan(s) this automatic deposit applies to.

Note: If you have more than one plan and want the benefits to go to two separate accounts, you must fill out a separate Authorization Agreement for Automatic Deposits form for each account.

Check a box to let us know if you want the funds deposited into a checking, savings, or business account.

Sign and date the form.

Provide the required information about your account.

### Section B: International ACH determination (required)

To comply with federal requirements, please check or initial one of the boxes in this section.

Check box 1 or initial if the entire amount being directly deposited **will not** go to a bank outside of the United States. This applies to most applicants.

Check box 2 or initial if you have instructed your United States bank to transfer or “sweep” 100 percent of your direct deposit funds into a foreign bank.

**Note: PERS can only deposit funds to banks in the United States. This also applies to a direct deposit that will be transferred 100 percent into a bank outside of the United States.**



## Authorization Agreement for Automatic Deposits

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	PERS ID (optional)
Mailing address (street or PO box)			Social Security number*
City	State	Zip code	Country
Date of birth (mm-dd-yyyy)			
Day phone number	Evening phone number		Email (optional)

#### Which plan is this for? (Check all that apply)


- Tier One/Tier Two  
  Individual Account Program (IAP)  
  OPSRP Pension Program  
  Alternate Payee  
 Beneficiary  
 Other \_\_\_\_\_

#### Type of account (check one)

- Checking** (Attach a voided or canceled check.)  
  **Savings** (Do not attach a voided or canceled check.)  
 **Business** (Check this box if the checking or savings account is set up at your bank as a business or commercial account.)


#### Applicant certification - Required

I certify I have read and understand the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. If the funds have been withdrawn following my date of death, I authorize my financial institution to release the name and address of the person(s) responsible for withdrawing the funds.

 \_\_\_\_\_  
 Signature of payee  
 \_\_\_\_\_  
 Date

#### Joint account holder's certification - Required

I certify I have read this form and understand I must advise PERS of the death of the above named applicant and that funds deposited into the account listed below after the date of death are to be refunded to PERS.

\_\_\_\_\_  
 Joint account holder name (please print)  
 \_\_\_\_\_  
 Signature of joint account holder  
 \_\_\_\_\_  
 Date

--	--

Name of financial institution

Account number (Show the number exactly, including necessary spaces, zeroes, or dashes.)

Branch name and number

Branch telephone number

Routing number

Financial institution mailing address (street or PO box number) City

State

Zip+4 code

Attach your voided or canceled check here. (Optional). (For checking accounts only.) **Do not attach a deposit slip.**

### Section B: International ACH determination (required)

You **must** check or initial one of the boxes below. See instructions.

- 1  The entire amount of my direct deposit payment is **not** deposited to a bank outside the U.S.  
 2  The entire amount of my direct deposit payment is ultimately deposited to a bank outside the U.S.

### Section C: Revocation instructions

This authorization is to remain in full force and effect until the Oregon Public Employees Retirement System (PERS) has received written notification from me (or either of us) of its termination in such time and manner as to afford PERS and the financial institution a reasonable opportunity to act on it.

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.