

Instructions for the Domestic Authorization Agreement for Automatic Deposits

Section A: General information

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.

Optional - Tape your voided or canceled check to the back of the form. Do not attach a deposit slip.

If faxing, fax voided or canceled check as a separate page 2, labeled with your PERS ID or SSN.

The diagram shows a check with the word "Void" written across it. The check is addressed to "PERS Retiree, 1234 NW Center Street, Anytown, OR 20000". The payee is "PERS Retiree" and the amount is "\$ 1234". The bank is "ANYTOWN BANK, Anytown, OR 20000". The routing number is "123456789" and the account number is "0000987654321". A note says "Do NOT include the check number." and an arrow points to the check number "1234".

To have your benefit payment deposited directly, complete this form.

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. 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 Domestic Authorization Agreement for Automatic Deposits form for each account.
- Check a box to let us know if the funds will be deposited into a checking, savings, or business account.
- **Sign and date the form. (Required)**
- **Any and all joint account holders must also sign and date the form. (Required)**
- 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.



11410 SW 68th Parkway, Tigard OR 97223
Mailing Address - PO Box 23700, Tigard OR 97281-3700
Toll free - 888-320-7377 Fax - 503-598-0561
Website - https://oregon.gov/pers



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Domestic Authorization Agreement for Automatic Deposits

This form is strictly for direct deposits to banks within the United States.

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

Form with fields for First name, MI, Last name, PERS ID, Mailing address, Social Security number, City, State, ZIP code, Date of birth, Home phone number, Work phone number, Cell phone number, Personal email.

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

- Checkboxes for Tier One/Tier Two, Individual Account Program (IAP), OPSRP Pension Program, Alternate Payee, Beneficiary, Other.

Type of account (check one)

- Checkboxes for Checking, Savings, Business.

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.

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

Branch name and number (optional), Branch telephone number, Routing number

Financial institution mailing address (street or PO box number), City, State, Zip+4 code

Section B: International ACH determination (REQUIRED)

You must check 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 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. It could also be used for the recovery of overpaid funds. 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.