

SUBMIT THE COMPLETED REPORT AND FEE TOGETHER BY FAX
OR MAIL TO THE ADDRESS AT THE TOP OF PAGE 1

PAYMENT OPTIONS:

CHECK

CREDIT CARD:

<input type="checkbox"/> VISA 	<input type="checkbox"/> MasterCard 	<input type="checkbox"/> Discover 	Card No. _____ - _____ - _____ - _____
Authorized Signature			Expiration Date (mo/yr) __ __ / __ __
Name exactly as shown on card			
Billing Address	Phone Number	Email Address for receipt	

ELECTRONIC CHECK, (See attached ACH Debit Authorization Form to debit from a checking account)

Program: Real Estate 41501
Revenue Code: 0406
Amount Enclosed: \$ 100.00

Oregon Real Estate Agency ACH Debit Authorization Form

Instructions:

1. Fill in your name below.
 2. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
 3. **Attach a voided check** for verification of all financial institution information. If you are unable to attach the voided check, please be sure you **type or print clearly**, your account number and routing number.
 4. This authorization authorizes the state to debit your account on a one-time basis. If your checking account authorized for this debit has a debit filter/block in place, please contact the Oregon Real Estate Agency to obtain the company ID. This 10 digit number will need to be provided to your bank to allow the debit transaction to process through your account successfully.
 5. If you are funding this debit with specific payment instructions to move funds from a bank outside the United States to a US financial institution, please check the box indicating this. A representative from the state will contact you with more instructions on how this payment will be processed. Depending on how this transaction is funded, you may not be able to have your account automatically debited by the state agency you are working with.
 6. **Be sure to sign below and fax or mail the completed form to the Oregon Real Estate Agency along with the Information Report:**
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I, _____, authorize the Oregon Real Estate Agency to initiate a one time electronic debit entry for payment of the Information Report for: _____
_____ Condominium Unit Owners Association in the amount of **\$100.00** to my:

TYPE OF BANK ACCOUNT:

Checking account Savings account

Business Account (*Check this box only if the checking or savings account is a business account*),

I have a Debit Filter or Debit Block on this account. Please contact me with the Company ID that I can provide to my bank to allow this debit to process as authorized.

PLEASE ATTACH VOIDED CHECK IF AVAILABLE- OR THE FOLLOWING INFORMATION:

BANK NAME (PLEASE PRINT) _____

ACCOUNT NUMBER _____

9 – DIGIT ROUTING NUMBER _____

BANK LOCATION; CITY, STATE and POSTAL ZIP CODE _____

INTERNATIONAL ACH DETERMINATION: *Indicate by checking the box below if you have payment instructions to transfer funds from a Non US Financial Institution to a US Financial Institution explicitly for funding of this debit transaction:*

I have payment instructions in place with a non US Financial Institution to transfer funds to my US Financial Institution identified above for the specific purpose of funding this one-time debit transaction.

Changes to your ACH Direct Debit Authorization:

In order to warrant that payments the State originates through the ACH network comply with all US Laws, the State must rely upon the employee or organization to advise if this debit authorized by you is being funded from a Non US Financial Institution explicitly for the purpose of this payment. Please contact (Insert Agency Contact) with any changes to your ACH Debit Authorization.

I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Oregon and U.S. law.

SIGNATURE _____

DATE _____ **PHONE NUMBER** _____

EMAIL (for receipt) _____

Submit the Information Report and fee together by fax or mail to the address at the top of page 1