

Oregon State Treasury
Investment Division
16290 SW Upper Boones Ferry Road
Tigard, OR 97224



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Company Name: Oregon State Treasury Agency Number: 17000

I (we) hereby authorize **The Oregon State Treasury** and its contracted Transfer Agent, hereinafter called **COMPANY**, to initiate credit entries to my (our) Savings Account indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States Law.

Account Name: _____ Tax Identification #: _____

Depository Institution: _____ Branch: _____

Depository Address: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s): _____ Signature(s): _____
(Please Print)

(Please Print)

Date: _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.