

Instructions for the Domestic Authorization Agreement for Automatic Deposits

General information

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

- The deposit should always be on time rather than dependent on mail delivery.
- There is no risk your benefit payment will be stolen or lost.
- If you are on vacation or ill, you will not have to arrange 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 Social Security number.

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". 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 "1234" is written next to it. The check number "1234" is also written in the top right corner.

Review the blank check guide 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 being mailed to you. Therefore, you should always maintain a current mailing address with PERS via your [Online Member Services](#) (OMS) account or by using the [Information Change Request](#) form. Typically, forms received by the 15th of the month will be effective for the following month's benefit payment.

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

Section A: Applicant information

- Fill this section out completely. Type or print clearly in dark ink. Illegible forms may be returned to applicant.
- 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.
- Provide the required information about your account: account number, routing number, and financial institution.

Section B: Certification signatures (Required)

- Applicants and joint account holders need to read the certification statements.
It violates this agreement if the entire amount of your direct deposit payment is deposited or transferred to a bank outside of the U.S. If this situation applies to you, do not complete this form. You must be paid by check.
- **Applicant: Sign and date the form. (Required)**
- **Any and all joint account holders must also sign and date the form. (Required)** If more than one joint account holder exists, each joint account holder's printed name and signature must be present in the joint account holder's certification field. If there are more than two joint account holders, they may sign side by side in the joint account holder field, or they may each sign on separate forms. However, each form will require the member's signature and account information. When joint account holders sign on individual forms, submit all forms together. **Include a death certificate for any deceased joint account holder whose name appears on your voided check.**



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.)

First name	MI	Last name	PERS ID (optional)
Mailing address (street or PO box)			Social Security number (SSN)*
City	State	ZIP code	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number	Cell phone number	Personal email

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

- Tier One/Tier Two
 Individual Account Program (IAP)
 OPSRP Pension
 Alternate Payee
 Beneficiary
 P&F Units
 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.)

Name of financial institution	Account number (Show the number exactly, including necessary spaces, zeroes, or dashes.)
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Financial institution address and phone number (optional)	Routing number
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Section B: Certification signatures

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. Additionally, I certify that the entire amount of my direct deposit is not deposited or transferred to a foreign financial institution.**

▶ _____
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.

▶ _____ _____
Print joint account holder name Print additional joint account holder name(s), if any

▶ _____ _____
Signature of joint account holder Date

▶ _____ _____
Signature of additional joint account holder(s) Date

Section C: Revocation instructions

This authorization is to remain in full force and effect until the Oregon Public Employees Retirement System (PERS) has received a new Domestic Authorization Agreement for Automatic Deposits form from me or 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.

**To comply with NACHA regulations regarding International ACH Transactions (IAT), PERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction the United States includes all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries.) If your entire benefit will be received by or transferred to a financial institution outside the territorial jurisdiction of the U.S., do not submit this form, you must be paid by check.