



ACH Debit Authorization

HB 2557 Member

OEBB Use Only

Approved by _____ Date _____

Effective Date _____

See the second page for more information on ACH debit authorizations.

1. I am: **Authorizing OEBB to debit my account**
 (check one) **Making a change to my current debit authorization.**
Effective date for this change: _____

2. Member Information

E Number (leave blank if unknown)

Last Name	First Name	MI	Date of Birth		
Contact Address	Apt #	City	State	Zip	County
E-mail	Work Phone		Home Phone		

3. Account Information

Type of Account:

Checking Savings

Is this a personal or business account?

Personal Account Business Account

Financial Institution Name	Account Holder Name
Financial Institution's Mailing Address	City State Zip
Attach a voided check to this form and complete the section below.	

Nine-Digit Routing Transit Number

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Account Number (include spaces, zeros & dashes)

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4. Account Authorization

I hereby authorize the Oregon Educators Benefit Board to withdraw funds only from the above account at the financial institution indicated. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Oregon and U.S. law.

Signature of Account Holder

Date

How to Revoke your Authorization

This authorization is to remain in full force and effect until the Oregon Educators Benefit Board has **received written notification** from me of its termination in such time and such manner as to afford OEBB and my financial institution a reasonable opportunity to act on it.

International ACH Determination (More information is provided on the next page.)

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 recurring debit transaction.

Send form and voided check to OEBB:	1225 Ferry St. SE Salem, OR 97301-4281	Financial Officer: Ali Hassoun Ph: 888-469-6322, Fax: 503-378-5832
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