



## Authorization Agreement for Employer ACH Debits

### Section A: Employer information

Name	ER#	
Mailing address (street or PO box)		
City	State	Zip
Reporting Financial Officer	Phone number	Fax number

We hereby authorize the sending company indicated below to initiate **debit entries only** to our checking account at the financial institution indicated below. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

### Section B: Sending state agency information

Name <b>PERS</b>		
Mailing address (street or PO box) 11410 SW 68th Parkway		
City <b>Tigard</b>	State <b>OR</b>	Zip <b>97223</b>
Contact <b>Mary Smith</b>	Phone number <b>503-603-7611</b>	

### Section C: Financial institution information

Name		
Mailing address (street or PO box)		
City	State	Zip
ACH coordinator name	Phone number	Fax number

**Type of account (check one)**     **Checking** (Attach a voided or canceled check.)     **Savings**

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Nine-digit routing transit number

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Depositor account title

Depositor account number

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

If this is a change to a previous ACH designation, please provide effective date of change.

Effective date

This authorization is to remain in full force and effect until the sending company indicated above has received written notification from us of its termination in such time and such manner as to afford the sending company and financial institution a reasonable opportunity to act on it.

Office use only	
<input type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	

\_\_\_\_\_  
Reporting financial officer signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date