I. PARTICIPANT INFORMATION

Name	Social Security Number
Address	
City, State, Zip	Phone Number

II. FINANCIAL INSTITUTION INFORMATION

Bank, Savings & Loan, or Credit Union Name	Institution Phone Number

Account Information (Mark One)

❑ **Savings**: Enter account number and routing number of your financial institution.

Routing Number: _____

Savings Account Number: _____

❑ **Checking**: You must attach a voided check. (A deposit slip is **not** acceptable.)

I authorize the Oregon Savings Growth Plan to make deposits to my account in the financial institution named above, and I authorize the financial institution to accept and credit any entries initiated by the Oregon Savings Growth Plan. This authorization is to remain in effect until the Oregon Savings Growth Plan receives written notification of its termination or closure of any account. **I understand that processing any changes may take up to 30 days.**

X _____ _____

Participant's Signature (Do not print) Date

In compliance with the Americans with Disabilities Act, staff will provide assistance in filling out this form to anyone who needs it. You may request assistance from your Oregon Savings Growth Plan representative by calling **503-378-3730** or TTY **503-378-4942**.

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❑ Participant ❑ Alternate Payee ❑ Beneficiary

Cross-reference Participant Social Security Number

Oregon SAVINGS GROWTH PLAN

800 Summer Street N.E., Suite 200, Salem, OR 97301

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