



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free – 888-320-7377 Fax – 503-598-0561
 Website – <https://oregon.gov/pers>



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Authorization Agreement for Employer ACH Debits

Section A: Employer information

Employer name		ER#	
Mailing address (street or PO box)			
City		State	Zip code
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 PERS	Mailing address (street) 11410 SW 68th Parkway, Tigard, OR 97223	Mailing address (PO box) PO Box 23700, Tigard, OR 97281-3700
Reporting Financial Officer Matthew Graves		Phone number 503 431-8933

Section C: Financial institution information

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

Type of account (check one) Checking (Attach a voided or canceled check.) Savings Business
 Debit filter or debit block in place.

 Nine-digit routing transit number

 Depositor account title

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

Section D: ACH authorization

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

 Effective date of change

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 manner as to afford the sending company and financial institution a reasonable opportunity to act on it.

 Reporting financial officer signature

 Name

 Title

 Phone number

 Date