

State of Oregon
Direct Deposit Authorization Form
 For Receiving Payment By
 Electronic Funds Transfer (EFT)



SFMS Website: http://oregon.gov/DAS/SCD/SFMS/docs/forms/ACH_enrollment_form.pdf

SECTION A

Instructions are on Page 2

1. TYPE OF ACTION a. <input type="checkbox"/> NEW b. <input type="checkbox"/> CHANGE c. <input type="checkbox"/> CANCEL Reason for cancellation or change:	2. SSN / FEIN / OR# 3. PHONE NUMBER 4. USERID (7 or 8 Characters)	5. EMAIL ADDRESS (for payment notification) 6. PAYEE NAME AND MAILING ADDRESS.
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SECTION B

Important! Please read and sign before submitting.

CANCELLATION / CHANGE OF ACCOUNT

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by the State of Oregon. Payments to you will be deposited into the account designated below until [ACH Coordinator](#) is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form (SFMS ACH-1) with the updated information. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that the State has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the State by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance do not apply. Please **DO NOT CLOSE YOUR ACCOUNT UNTIL ONE WEEK AFTER NOTIFYING [ACH Coordinator](#).**

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous EFT payment occurs, creating an over-payment, the State reserves the right to debit your account for an amount not to exceed the amount of the erroneous EFT payment. In the event that a debit adjustment cannot be implemented, the State and/or Agency Office may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered. By signing this form, account holder(s) acknowledge their acceptance of these terms and conditions.

I/We certify that I/we have read and understand the information contained in Section B, above. I/We authorize the State of Oregon, through the State Treasury, to deposit payments and make over-payment adjusting debits to my/our account as designated below. I certify that I am authorized to enter into this agreement on behalf of the account holder.	INDIVIDUAL/VENDOR SIGNATURE	
	1a. ACCOUNT HOLDER NAME / *TITLE/SIGNATURE	1b. DATE
	*Title required if company account	
	2a. JOINT ACCOUNT HOLDER NAME /*TITLE/ SIGNATURE	2b. DATE
*Title required if company account		

SECTION C - FINANCIAL INSTITUTION INFORMATION (To be completed by Financial Institution Representative)

1. ACCOUNT TYPE (1): a. <input type="checkbox"/> SAVINGS b. <input type="checkbox"/> CHECKING		ACCT TYPE (2): c. <input type="checkbox"/> PERSONAL d. <input type="checkbox"/> COMMERCIAL	
2. ABA ROUTING & TRANSIT NUMBER	3. DEPOSITOR ACCOUNT NUMBER	4. ACCOUNT NAME (for commercial accounts)	
5. FINANCIAL INSTITUTION NAME		6. FINANCIAL INSTITUTION TELEPHONE NUMBER	
7. FINANCIAL INSTITUTION ADDRESS			
(Number and Street)		(City)	(State) (Zip)
I have verified the signature(s) and account numbers above. This Financial Institution is ACH capable and will comply with NACHA rules. ACH payments credited to the above account will be available to the account holder at the start of the Financial Institution's business day on the settlement date established by the ACH Operator. SFMS will accept Agency Payroll Officer signature for State Employees.			
8. Representative's Name (Printed or Typed)	9. Signature of Representative	10. Telephone Number () -	11. Date - -

SECTION D – FOR DAS/SCD/SFMS USE ONLY

1. Vendor No. and Mail Code	2. Pre-note Date	3. NACHA Format PPD+ CCD+ CTX	4. Notes
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PLEASE READ THIS INFORMATION CAREFULLY

For EFT/Direct Deposit service on travel expense reimbursements or vendor payments

General Instructions

- A) Complete sections A and B.
B) Have your Financial Institution complete Section C.
C) Send the original completed form (no faxes or copies accepted) to:
Department of Administrative Services
SFMS Operations / ACH Coordinator
155 Cottage Street NE U60
Salem, OR 97301-3970
D) Mark envelope CONFIDENTIAL

Specific Instructions

Section A

- 1) Type of Action:
a. New - For new enrollment or for re-enrollment after cancellation.
b. Change - To change your Financial Institution and/or account number or account type (checking/savings), complete a new form. To change your UserID, email address or mailing address, mail information including name and SSN/FEIN/OR# with authorized signature to above address.
c. Cancel - To withdraw authorization for EFT/direct deposit payments. You will be paid by warrant instead. Those payments will be mailed to the address on this form.
2) Social Security Number (SSN) or Federal Employer's Identification Number (FEIN) or State of Oregon Employee ID (OR#) found on employee pay stub: Disclosure of your SSN is voluntary pursuant to 42 USC 405(c)(2)(C). However, since the State of Oregon is required to file information returns with the Internal Revenue Service under certain conditions, if you choose not to provide your social security number you may be ineligible for this service.
3) Phone Number: So we can contact you during business hours in case there are any problems setting up this service or delivering a future payment to you.
4) UserID: Is required if you would like to view your itemized payment detail on the State website. Write a 7 or 8-character alphanumeric UserID in the box. (Please note: case matters: "A" is not the same as "a.") The State website where you can view your payment detail is (https://pmtinfo.das.state.or.us/). NOTE: web address is "HTTPS". The first time you log in, follow the instructions on the screen to create your own password. The password should be alphanumeric and 7 or 8 characters long. You may change your password on line at any time.
5) Email Address: This field is required IF you would like email notification each time a payment is made and to provide other pertinent information, as may be needed. If you have elected to create a UserID, you will be able to view the payment detail on the web prior to deposit.
6) Name and Address: Since there is a small possibility that a payment may have to be mailed to you, an address must be provided. For vendors and recipients, this is the mailing address where you receive payments against your invoices. For employees, the address may be your home address or a work address.

Section B

Read and sign the form to indicate your agreement with the terms and conditions specified on it. Only original signatures will be accepted. Note that by submitting the form you are authorizing the State of Oregon to credit your account (deposit funds) and, in the event of an over-payment error, to debit your account (withdraw funds) for the amount of the over-payment. All of the individuals named on a Consumer Account must sign this form. If held by more than one person, the joint account holder must also authorize these EFT transactions.

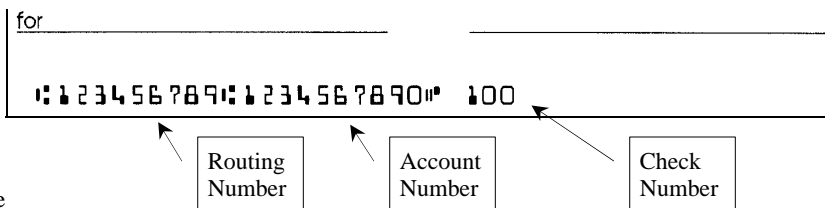
Section C Financial Institution must complete and sign this section (Bank, Credit Union, etc.)

SFMS will accept Agency Payroll Officer signature for State employees.
1) Type of Account: Specify if Checking or Savings and if Personal or Commercial.

2) ABA Routing & Transit Number: This is always a nine-digit number. See the check numbering example to the right.

3) Depositor Account Number: This may have up to seventeen digits. See the example to the right.

Check Number: This may be located between the routing number and the account number. (Not on form, see example to the right)



How it Works:

- Once payment is approved, the Agency Office enters payment instructions into the state's accounting system (SFMA). The accounting system sends payment instructions to the State Treasury, which send payment instructions to its bank. The State's bank forwards these instructions to the Automatic Clearing House (ACH) of the Federal Reserve Bank in San Francisco, which coordinates the transfer of money to your Financial Institution.
On the settlement day a credit is posted to your account. Total transit time is two banking days.
If your account is closed or incorrectly identified, the funds are returned through the ACH network to the Treasury's bank. If this should happen, payment will be mailed to you.
The initial set up and routing verification takes nine banking days. In the meantime, any payments due will be made by warrant.

This process is completely separate from the State's payroll system. So, changes made in one system do not affect the other in any way.

If you have any questions, please call us at: (503) 373-1044 ext. 247