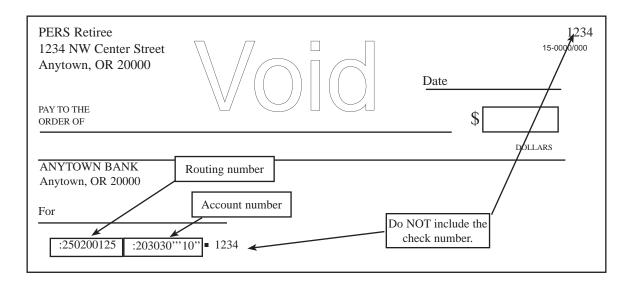
Authorization Agreement for Automatic Deposits (ACH Credits)

PERS encourages you to deposit your benefit payment directly to your bank or other financial institution for the following reasons:

- the deposit is always on time rather than depending on mail delivery;
- there is no risk your benefit payment will be stolen or lost; and
- if you are on vacation or ill, you will not have to make arrangements for your benefit to be deposited by someone else.



Please attach a voided check if you have one available. If not, see the blank check guide above for information on where the routing and account numbers are located on your checks.

PERS must coordinate with your financial institution, and your first monthly check may be mailed to you. Future changes to your account number may result in a monthly check to be mailed to you. All payments other than your monthly benefit will be mailed to you. Therefore, you should always provide PERS with a current mailing address.

An information stub will be mailed annually to your current mailing address. A special stub will be sent to you if your benefit or deduction amount is changed.

Note: Automatic deposit cannot be used for overseas bank accounts. PERS can only deposit funds to banks in the United States.



11410 SW 68th Parkway, Tigard OR 97223 Mailing Address - PO Box 23700, Tigard OR 97281-3700 Phone - 503-598-7377 toll free 888-320-7377 Fax - 503-598-0561 website - http://oregon.gov/pers



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Authorization Agreement for Automatic Deposits (ACH Credits)

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

First name		or print clearly in dark ink. Illegible forms may be return MI Last name								Social Security number*								
Mailing address (street or PO box)		PERS number (optional)																
City		Country Date of birth (mm-dd-yyyy)																
y phone number Evening phone numb									E-	E-mail (optional)								
Type of account (check one)	Check	<mark>sing</mark> (gs (D	(Attac)o not	ch a v t attao	void ch a	ed or void	can ed of	celed or cance	chec eled	k.) chec	k.)							
Applicant certification - Rec		Joi	nt ao	ccount	t hol	der'	s ce	rtif	icati	on -	Re	qui	red					
I certify I have read and understand the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. If the funds have been with-						I certify I have read this form and understand I must advise PERS of the death of the above named applicant and that funds deposited into the account listed below after the date of death are to be refunded to PERS.												
drawn following my date of death, I authorize my finan- cial institution to release the name and address of the person(s) responsible for withdrawing the funds.							Joint account holder name (please print)											
Signature of payee							Signature of joint account holder											
Date					•	Dat	e											
									Т						Γ	Т		
Name of financial institution			count n			actly, i	ncluc	ling nec	essar	y spac	ces, z	zeroe	es, or	dashe	s.)			
									Γ	Т			Γ		Γ	Т		
Branch name and number			Brar	nch te	lepho	one n	umbe	er	F	outir	ng n	umt	ber					
Financial institution mailing address (Street or PO box number) City											State Zip+4 code							
Attach your voided or canceled check here. (For checking accounts only.)								Office use only										
Do not attach a deposit slip.										 Member Alternate payee Cross reference member SSN 								
Providing your Social Security number (SSN) to supply your SSN, it may take PERS staff lo				confirm	nation	purpos	es. If y	ou choose	e not									
n compliance with the Americans with Disabiliti equest help by calling 503-598-7377 , toll free 8 ORS: 238.660(4)					ıt this f	orm up	on requ	iest. You n	nay									