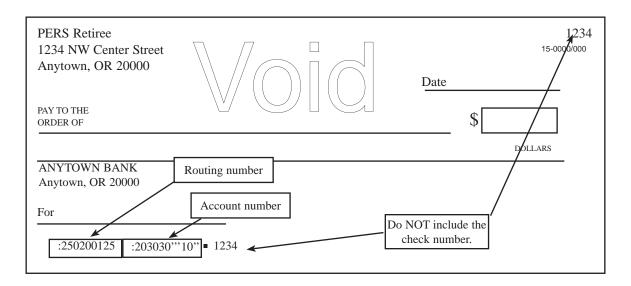
Authorization Agreement for Automatic Deposits (ACH Credits)

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 OPSRP Pension Program. Call PERS or visit our website if this is not the form you need.

Section A: Applicant info	rmation (Tyj	pe or pri	int clear	ly in da	rk in	k. Ille	gible f	forms	s may be	returr	ned to	o app	lican	. Th	is coul	d del	ay you	r re	equest	.)	
First name		MI Last name							1	Social Security number*											
Mailing address (street or PO box)												PERS number (optional)									
City	State Zip								intry]	Date of birth (mm-dd-yyyy)										
Day phone number		Evening phone number						E					E-mail (optional)								
Type of account (check one	e) Chec	king ((Attac	c h a v	oid	ed or	r car	ncel	ed che	ck.)											
	Savir Savir	ngs (D	o not	t attac	h a	void	led c	or ca	ancele	d che			. 0.	4.			•	1			
Applicant certification - R					unt h							-									
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- drawn following my date of death, I authorize my finan- cial institution to release the name and address of the						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.													t		
cial institution to release the name and address of the person(s) responsible for withdrawing the funds.											A nume (preuse print)										
Ŕ																					
Signature of payee		Signature of joint account holder																			
Date		Date																			
Name of financial institution			ount now the			actly,	inclu	ding	necess	ary sp	aces	, zer	oes,	or d	ashes	.)					
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Branch name and number			Bran	nch tel	epho	one n	umb	er		Rout	ing	num	nber								
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.) Do not attach a deposit slip.										Office use only											
											\vdash										
*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.										┝			1								
In compliance with the Americans with Disab request help by calling 503-598-7377 , toll free ORS: 238.660(4)					this f	òrm up	on req	uest.	You may					1							