

*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.

To have your benefit payment deposited directly, complete this form. Note: If you use automatic deposit for your monthly check and you receive more than one monthly check from PERS, all of your PERS accounts will be changed to this account number.

PERS Retiree  
1234 NW Center Street  
Anytown, OR 20000

Void

Date \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ 1234  
DOLLARS

ANYTOWN BANK  
Anytown, OR 20000

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

For \_\_\_\_\_

:250200125 :203030''''10'' 1234

Do NOT include the check number.

15-0000/000 1234

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.



## Authorization Agreement for Automatic Deposits (ACH Credits)

This form is strictly for the Tier One/Tier Two Program. Call PERS or visit our website if this is not the form you need.

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number*
Mailing address (street or PO box)			PERS number (optional)
City	State	Zip	Country
			Date of birth (mm-dd-yyyy)
Day phone number	Evening phone number		E-mail (optional)

Type of account (check one)  **Checking** (Attach a voided or canceled check.)  
 **Savings** (Do not attach a voided or canceled check.)

<p><b>Applicant certification - Required</b></p> <p>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 withdrawn following my date of death, I authorize my financial institution to release the name and address of the person(s) responsible for withdrawing the funds.</p> <p>_____ Signature of payee</p> <p>_____ Date</p>	<p><b>Joint account holder's certification - Required</b></p> <p>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.</p> <p>_____ Joint account holder name (please print)</p> <p>_____ Signature of joint account holder</p> <p>_____ Date</p>
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Name of financial institution										Account number (Show the number exactly, including necessary spaces, zeroes, or dashes.)																			
Branch name and number										Branch telephone number										Routing number									

Financial institution mailing address (Street or PO box number)										City					State					Zip+4 code				
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Attach your voided or canceled check here. (For checking accounts only.)  
**Do not attach a deposit slip.**

<b>Office use only</b>	
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	

\*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.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.