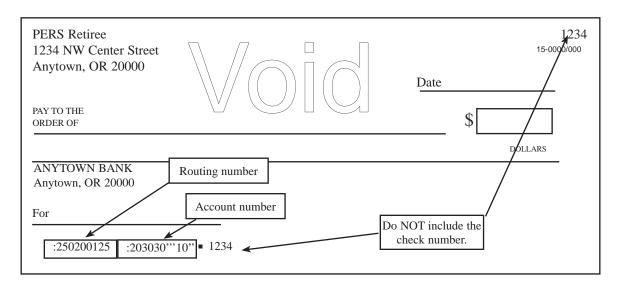
## Authorization Agreement for Automatic Deposits (ACH Credits)

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.



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.

Reference: ORS 238.660(4)



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



## **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 pr	int clea	ırly in dark	k in	k. Illegible fo	rms may l	oe returned	l to applic	ant. T	his cou	ld dela	y your	request.)		
First name	MI	Last	name				Sc	cial Sec	urity r	numbe	r*				
Mailing address (street or PO box)							PE	ERS num	ber (o	ptiona	ıl)				
City State		Zip			Country			Date of birth (mm-dd-yyyy)							
Day phone number	Even	ing ph	one numb	er				E-mail (optional)							
Type of account (check one) Checking (Attach a voided or canceled check.)  Savings (Do not attach a voided or canceled check.)															
Applicant certification - Required	ant certification - Required J						Joint account holder's certification - Required								
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.  Signature of payee					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.  Joint account holder name (please print)  Signature of joint account holder										
Date		Date													
			П	_					Π						
Name of financial institution			number number	exa	etly, includ	ing neces	sarv spac	es, zeroe	es, or o	dashes	s.)		<u> </u>		
(Show the number exactly, including necessary space									Í						
Branch name and number Branch telephone number Routing									er	<u> </u>			<u> </u>		
Financial institution mailing address (Street or PO box number)  City								State Zip+			ip+4	code			
Attach your voided or canceled check here. (For checking accounts only.)  Do not attach a deposit slip.								Office use only  XPERS OPSRP IAP							
								☐ Member ☐ Alternate payee ☐ 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.															

URS: 230.000(4)

**PERS Form #459-001w.pdf SL3** (9/11/2008) IIM Code: 2111

See reverse side