

## Instructions for the Domestic Authorization Agreement for Automatic Deposits

### General information

You are highly encouraged to deposit your benefit payment directly to your bank or other financial institution.

**Optional** — Tape your voided or canceled check to the back of the form. **Do not attach a deposit slip.** If a deposit slip is included, your form will be rejected.

**If faxing, fax voided or canceled check as a separate page 2, labeled with your PERS ID or Social Security number.**

The diagram shows a voided check with the following fields and labels:

- PERS Retiree** (top left): 1234 NW Center Street, Anytown, OR 20000
- Date** (top right): \_\_\_\_\_
- PAY TO THE ORDER OF** (middle left): \_\_\_\_\_
- ANYTOWN BANK** (middle left): Anytown, OR 20000
- Routing number** (middle left): [ ]
- Your account number** (middle right): [ ]
- For** (bottom left): [ ]
- Do NOT include the check number.** (bottom right): [ ]
- 1234** (bottom right): 1234

Review the image 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 being mailed to you. Therefore, you should always maintain a current mailing address with PERS via your [Online Member Services](#) (OMS) account or by using the [Information Change Request](#) form. Typically, forms received by the 15th of the month will be effective for the following month's benefit payment.

An information stub will be mailed three times per year to your current mailing address.

### Section A: Applicant information

- Fill this section out completely. Type or print clearly in dark ink. Illegible forms may be returned to applicant.
- Check which plan(s) this agreement applies to. Check "All benefits" if you want all your benefits deposited to the account provided under this agreement.

**Note:** If you have more than one plan and want the benefits to go to two separate accounts, you must fill out a separate Domestic Authorization Agreement for Automatic Deposits form for each account.

- Check a box to let us know if the funds will be deposited into a checking, savings, or business account.
- Provide the required information about your account: account number, routing number, and financial institution.

### Section B: Certification signatures (Handwritten signature required, electronic and digital signatures are not accepted.)

- Applicants and joint account holders need to read the certification statements.  
It violates this agreement if the entire amount of your direct deposit payment is deposited or transferred to a bank outside of the U.S. If this situation applies to you, do not complete this form. You must be paid by check.
- **Applicant: Sign and date the form. (Required)**
- **Any and all joint account holders must also sign and date the form. (Required)** If more than one joint account holder exists, each joint account holder's printed name and signature must be present in the joint account holder's certification field. If there are more than two joint account holders, they may sign side by side in the joint account holder field, or they may each sign on separate forms. However, each form will require the member's signature and account information. When joint account holders sign on individual forms, submit all forms together.

**Include a death certificate for any deceased joint account holder whose name appears on your voided check.**



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Toll free – 888-320-7377 Fax – 503-598-0561  
Website – <https://oregon.gov/pers>



## Domestic Authorization Agreement for Automatic Deposits

This form is strictly for direct deposits to banks within the United States.

### 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         | PERS ID (optional)            |
| Mailing address (street or PO box) |                   |                   | Social Security number (SSN)* |
| City                               | State             | ZIP code          | Date of birth (mm/dd/yyyy)    |
| Home phone number                  | Work phone number | Cell phone number | Personal email                |

#### Which plan is this for? (Check all that apply; check "All benefits" to deposit all your benefits to this account.)

- ☐ All benefits I receive    ☐ Tier One/Tier Two pension    ☐ OPSRP Pension    ☐ Individual Account Program (IAP)  
☐ Beneficiary    ☐ Alternate Payee    ☐ P&F Units    ☐ Other \_\_\_\_\_

#### Type of account (You are required to check one box.)

- ☐ **Checking** (Attach a voided or canceled check.)    ☐ **Savings** (Do not attach a voided or canceled check.)  
☐ **Business** (Check this box if the checking or savings account is set up at your bank as a business or commercial account.)

|                               |                                                                                          |
|-------------------------------|------------------------------------------------------------------------------------------|
| Name of financial institution | Account number (Show the number exactly, including necessary spaces, zeroes, or dashes.) |
|-------------------------------|------------------------------------------------------------------------------------------|

Financial institution address and phone number (optional)

Routing number

### Section B: Certification signatures (electronic and digital signatures are not accepted)

#### Applicant 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. Additionally, I certify that the entire amount of my direct deposit is not deposited or transferred to a foreign financial institution.\*\*

Signature of payee

Date

#### Joint account holder's certification — Required

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 above after the date of death are to be refunded to PERS.

Print joint account holder name

Print additional joint account holder name(s), if any

Signature of joint account holder

Date

Signature of additional joint account holder(s)

Date

### Section C: Revocation instructions

This authorization is to remain in full force and effect until the Oregon Public Employees Retirement System (PERS) has received a new Domestic Authorization Agreement for Automatic Deposits form from me or written notification from me of its termination in such time and manner as to afford PERS and the financial institution a reasonable opportunity to act on it.

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. It could also be used for the recovery of overpaid funds. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

\*\*To comply with NACHA regulations regarding International ACH Transactions (IAT), PERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction the United States includes all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries.) If your entire benefit will be received by or transferred to a financial institution outside the territorial jurisdiction of the U.S., do not submit this form, you must be paid by check.

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