State of Oregon

Direct Deposit Authorization Form

For Receiving Payment By
Electronic Funds Transfer (EFT)

Statewide Vendor/Employee Travel (*not PERS/Payroll*)

SFMS Website: http://oregon.gov/DAS/SCD/SFMS/docs/forms/ACH_enrollment_form.docx

Only forms with original signatures are accepted (No faxes or copies) - Retain a copy for your records

SECTION A – PAYEE INFORMATION

Instructions are on Page 2

1. TYPE OF ACTION (*Required*) ☐ NEW (*Start*) ☐ CHANGE ☐ CANCEL (*Stop*)	2. **SSN / FEIN / OR#** (Social Security / Federal Employer Identification / Oregon Employee Number – *Only one ID number Required*)
3. PAYEE NAME AND MAILING ADDRESS (*Required*)	4. PHONE NUMBER (*Optional*)
	5. EMAIL ADDRESS (for payment notification - *Recommended*)
	6. USERID (You must provide **7 or 8** Characters on form - *Required*)

SECTION B – AUTHORIZATION

Important! Please read and sign before submitting.

This form is used to authorize direct deposit to a checking or savings account.

Cancel/change account – To **cancel** this authorization, submit a new form and check the cancel (STOP) box, sign and date the form and submit as instructed on the back. Cancel/change account – by selecting the "change" box and completing the form with new account information, or by selecting the "cancel" box, you hereby revoke your previous authorization for direct deposit.

International transaction certification – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.

I certify that I have read and understand the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and U.S. law. I certify that I am authorized to enter into this agreement as the account holder.

1. X	Signature of Account Holder (*Required*)	Print Name (*Required*)	Title (if company account) (*Required*)	Date (*Required*)
2. X	Signature of Account Holder	Print Name	Title (if company account)	Date

SECTION C – FINANCIAL INSTITUTION INFORMATION *(To be completed by Financial Institution Representative)*

1. ACCOUNT TYPE (1): a. ☐ SAVINGS b. ☐ CHECKING (*Required*)	ACCOUNT TYPE (2): c. ☐ PERSONAL d. ☐ COMMERCIAL (*Required*)
2. ABA/BANK ROUTING NUMBER (Required)	3. DEPOSITOR ACCOUNT NUMBER (Required)
Location of account numbers are on bottom of your check: → Routing number	For **[EXAMPLE]** ⑆123456789⑆ ⑆2345678⑆ Account number ⑈9876⑈ Check #
4. FINANCIAL INSTITUTION NAME (*Required*)	5. NAME(S) AS THEY APPEAR ON ACCOUNT (*Required*)
6. FINANCIAL INSTITUTION ADDRESS (*Required*)	
(Number and Street)	(City) (State) (Zip)

I have verified the account number above. This Financial Institution is ACH capable and will comply with NACHA rules. SFMS will accept Agency Payroll Officer signature for State Employees.

7. **Financial Representative's Name** (Printed or Typed - *Required*)	8. **Signature of Financial Representative** (*Required*)	9. **Telephone Number** (*Required*) ( ) -	10. **Date** (*Required*) - -

SECTION D – FOR DAS/SCD/SFMS USE ONLY

1. Vendor No. and Mail Code	2. Pre-note Date	3. NACHA Format	4. Notes
		PPD+ CCD+	

CONFIDENTIAL

STATE OF OREGON
Form SFMS ACH-1 (Rev 10/20/11)

For EFT/Direct Deposit service on vendor payments or state employee travel expense reimbursements

General Instructions

1) Complete sections A and B.
2) Have your Financial Institution complete Section C.
3) Send the **original** completed form (no faxes or copies accepted) to:
   Department of Administrative Services
   SFMS Operations / ACH Coordinator
   155 Cottage Street NE U60
   Salem, OR 97301-3970
4) Mark envelope CONFIDENTIAL

Specific Instructions

Section A

1) **Type of Action:**
   - ✓ **New (*Start*)** – Mark this box for new enrollment, or re-enrolling after a cancellation.
   - ✓ **Change** – Mark this box if adding to or changing any existing information. NOTE - If changing only the UserID, email address, or mailing address, Section C may be left blank. However, if changing any banking information, please also fill out Section C.
   - ✓ **Cancel** – Mark this box to withdraw authorization for EFT/direct deposit payments. Payments will be paid by warrant instead and mailed to the address provided on this form.
2) **Social Security Number (SSN) or Federal Employer's Identification Number (FEIN) or State of Oregon Employee ID (OR#) found on employee pay stub:** Disclosure of your SSN is voluntary pursuant to 42 USC 405(c)(2)(C). **However**, since the State of Oregon is required to file information returns with the Internal Revenue Service under certain conditions, if you choose not to provide your social security number you may be ineligible for this service.
3) **Name and Address**: Since there is a small possibility that a payment may have to be mailed to you, an address must be provided. For vendors and recipients, this is the mailing address where you receive payments against your invoices. For state employees, the address may be your home or work address.
4) **Phone Number:** Please provide a phone number where you may be reached during business hours in case there are any challenges setting up this service or delivering a future payment to you.
5) **Email Address**: Provide an email address to receive notification each time a payment is made, and other pertinent information as needed. If you provide a UserID you will be able to view payment detail prior to deposit on the payment information website.
6) **UserID:** Please indicate a 7 or 8 character alphanumeric User ID on form in order to view itemized payment detail on the State's website; https://pmtinfo.das.state.or.us. The first time you log in turn off pop-up blocker, follow the instructions on the screen to create your own password. The password should also be alphanumeric, and 7 or 8 characters long. You may change your password online at any time. The User ID you supplied on the form will be added to the website by State personnel.

Section B

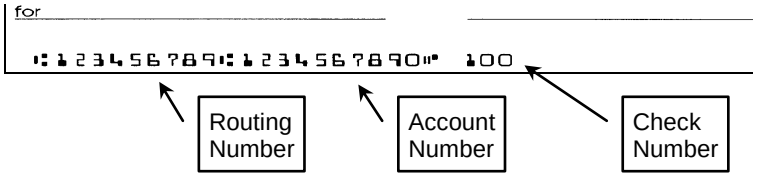
Read and sign the form to indicate your agreement with the terms and conditions specified on it. **Only original signatures will be accepted.**
Recovery of funds deposited in error. In the event that an erroneous EFT payment occurs, creating an over-payment, the State reserves the right to debit (withdraw funds from) your account accordingly.
International transactions – In order to comply with the National Automated Clearing House Association (NACHA) Rules, the State is required to determine if Direct Deposit funds from the State are moving entirely outside the U.S. If this is determined to be the case, the State will not be able to remit funds electronically into your account.

Section C - Financial Institution must complete and sign this section (Bank, Credit Union, etc.)

SFMS will accept Agency Payroll Officer signature for State employees.

1) **Type of Account**: Specify if Checking or Savings and if Personal or Commercial.
2) **ABA/Bank Routing Number**: This is always a nine-digit number. See the check numbering example below.
3) **Depositor Account Number**: This may have up to seventeen digits. See the example below.

Check Number: This may be located between the routing number and the account number or after. (*Do not include*)



How it Works:

- *Once payment is approved, the Agency Office enters payment information into the state's accounting system (SFMA). The accounting system sends payment information to the State's bank.*
- *On the settlement day a credit is posted to your account. Total transit time is two banking days.*
- *If your account is closed or incorrectly identified, the funds are returned through the ACH network to the Treasury's bank. If this should happen, payment will be mailed to you.*
- *The initial set up and routing verification takes nine banking days. In the meantime, any payments due will be made by warrant.*

This process is completely separate from the State's payroll system. Changes made in one system do not affect the other.

For more information see the **ACH Website:** http://www.oregon.gov/DAS/SCD/SFMS/ach.shtml

If you have any questions, please call us at: (503) 373-0261

Retain a copy for your records

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