Sample DIRECT DEPOSIT/ACH CREDIT Authorization Form

We are pleased to be able to offer you a new payment convenience—Direct Deposit. Now you can have your PAYMENT FROM (INSERT AGENCY NAME) automatically deposited in your checking or savings account. And you don’t have to change your present banking relationship to take advantage of this service.

Direct Deposit will help you in many ways.

- It saves you trips to your financial institution.
- It saves you time in depositing checks—no long payday lines to wait in.
- It eliminates the possibility of lost, stolen or forged checks.
- Your money is deposited faster—reduces the possibility of overdrafts.
- You get your money deposited into your account even if you’re on vacation.

Here’s how Direct Deposit works:

On the AGREED UPON DATE (LANGUAGE HERE WILL VARY DEPENDING ON THE ARRANGEMENT WITH YOUR CUSTOMER AND THE TYPE OF PAYMENT THEY ARE AUTHORIZING. THIS COULD BE PAYROLL, EXPENSE OR TRAVEL REIMBURSEMENT, OR ETC), your payment will be deposited in your account. The amount of the deposit will appear on your bank statement. To take advantage of this service, complete the attached authorization form and return it to (INSERT AGENCY NAME).

Please complete the information below and return to: (INSERT AGENCY NAME, ADDRESS AND /OR FAX #)

The completed authorization form gives (INSERT AGENCY NAME) the authority to deposit your payment to your account. All you need to do is:

1. Print your name in the space at the top of the form.
2. Mark checking or savings account to indicate the type of account you are depositing to.
3. Mark the BUSINESS ACCOUNT box ONLY IF your payment will be deposited in your Business Account at your bank.
4. Fill in your Financial Institution Account number and Financial Institution Routing number.
5. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please be sure you fill in your account number and routing number.
6. Check the appropriate box to indicate if this transaction is being moved outside the U.S.
7. Sign the form and provide today’s date and your phone number.
ACH CREDIT AUTHORIZATION

I, [CUSTOMER NAME], authorize [INSERT AGENCY NAME] to initiate electronic credit entries for the purpose of [AGENCY WILL INSERT THE REASON FOR THE PAYMENT], and if necessary, debit entries and adjustments for any credit entries in error to my:

Type of Bank Account:

☐ Checking account  ☐ Savings account

☐ Business Account  (Check this box if the checking or savings account is setup at your bank as a business or commercial account)

Banking Information:

FINANCIAL INSTITUTION NAME (PLEASE PRINT) ____________________________________________________________

ACCOUNT NUMBER AT FINANCIAL INSTITUTION ________________________________

FINANCIAL INSTITUTION ROUTING NUMBER _________________________________________

FINANCIAL INSTITUTION CITY, STATE and POSTAL CODE ________________________________________________

INTERNATIONAL ACH DETERMINATION, Check one of the options below:

☐ The entire amount of my direct deposit payment IS ultimately deposited to a financial institution outside the U.S.

☐ The entire amount of my direct deposit payment IS NOT deposited to a financial institution outside the U.S.

How to Revoke your Authorization:

This authority will remain in effect until I have cancelled it in writing with [INSERT AGENCY NAME AND ANY ADDITIONAL INSTRUCTIONS REGARDING HOW THE CUSTOMER SHOULD CANCEL OR REVOKE THE AUTHORIZATION]

CHANGES TO YOUR DIRECT DEPOSIT AUTHORIZATION:

In order to warrant that payments the State originates through the ACH network comply with all US Laws, the State must rely upon the employee or organization to advise if this credit authorized by you is being sent to a Non US Financial Institution explicitly for the purpose of this payment. Please contact (Insert Agency Contact) with any changes to your ACH Credit Authorization.

I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Oregon and U.S. law.

SIGNATURE ________________________________________________________________

PHONE NUMBER ___________________________________________________________

DATE ________________________________________________________________