



ACH Debit Authorization

HB 2557 Member

OEBB Use Only

Approved by _____ Date _____

Effective Date _____

Use this form to authorize OEBB to withdraw premiums from your bank account each month. This authorization will remain in effect until revoked in writing, or until superseded by another form submitted at a later date. If your banking information changes, submit another form with your new account information to maintain timely premium payments. Should your premium amount change, the amount withdrawn will change accordingly without need for a new authorization. See the second page for more information on ACH debit authorizations.

1. Member Information

E Number

Last Name	First Name	MI	Date of Birth		
Contact Address	Apt #	City	State	Zip	County
E-mail	Work Phone		Home Phone		

2. Account Information

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Is this a personal or business account? <input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account
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Financial Institution Name	Account Holder Name
Financial Institution's Mailing Address	City State Zip

Attach a voided check to this form and complete the section below.

Nine-Digit Routing Transit Number	Account Number (include spaces, zeros & dashes)
<input type="text"/>	<input type="text"/>

3. Account Authorization

I hereby authorize the Oregon Educators Benefit Board to withdraw funds only from the above account at the financial institution indicated. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Oregon and U.S. law.

Signature of Account Holder	Date
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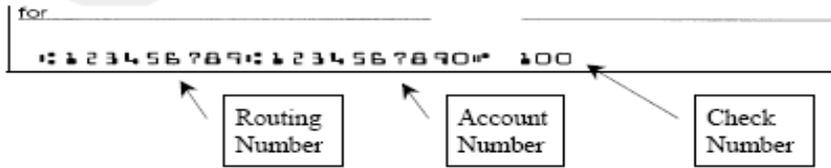
How to Revoke your Authorization
 This authorization is to remain in full force and effect until the Oregon Educators Benefit Board has **received written notification** from me of its termination in such time and such manner as to afford OEBB and my financial institution a reasonable opportunity to act on it.

International ACH Determination (More information is provided on the next page.)
 I have payment instructions in place with a non-US Financial Institution to transfer funds to my US Financial Institution identified above for the specific purpose of funding this recurring debit transaction.

Send form and voided check to OEBB:	1225 Ferry St. SE, Ste. B Salem, OR 97301-4278	Financial Services Ph: 888-469-6322, Fax: 503-378-5832
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Answers to Your Questions on ACH Debits

Where can I find my routing transit and account numbers on my check?



What is an ACH debit authorization?

The “ACH” stands for Automated Clearing House. ACH is an electronic payment network used by individuals, businesses, financial institutions and government organizations. Electronic ACH payments provide more efficient cash management capabilities and lower costs than traditional paper payments.

What am I authorizing OEBB to do?

By completing and signing this ACH Debit Authorization form, you give consent to the Oregon Educators Benefit Board to “auto-deduct” monthly insurance premiums directly from your account. To establish this recurring monthly transaction, you must complete this form and attach a VOIDED check. Please mail both to: OEBB, 1225 Ferry St. SE Suite B, Salem, OR 97301.

What happens after I send my form and voided check?

Once your completed form and voided check are received, OEBB will send you a confirmation letter and information for your financial institution to complete the set-up of the monthly transaction.

Do I need to fill out this form each plan year?

No. OEBB will continue to debit your account as long as you are eligible for OEBB benefits. You can change your authorization at any time by submitting another ACH Debit Authorization form. Please provide written notification to OEBB if you wish to revoke your authorization.

What is an international ACH determination?

Generally, not applicable. This only applies if you have payment instructions to transfer funds from a Non-US Financial Institution to a US Financial Institution explicitly for funding of this debit transaction.

When will my money be taken out?

Your account will be debited on the following dates:

Coverage Month	Payment Due Date	Automatic Debit Date
October 2014	Thursday, September 25, 2014	Thursday, September 25, 2014
November 2014	Saturday, October 25, 2014	Friday, October 24, 2014
December 2014	Tuesday, November 25, 2014	Tuesday, November 25, 2014
January 2015	Thursday, December 25, 2014	Wednesday, December 24, 2014
February 2015	Sunday, January 25, 2015	Friday, January 23, 2015
March 2015	Wednesday, February 25, 2015	Wednesday, February 25, 2015
April 2015	Wednesday, March 25, 2015	Wednesday, March 25, 2015
May 2015	Saturday, April 25, 2015	Friday, April 24, 2015
June 2015	Monday, May 25, 2015	Friday, May 22, 2015
July 2015	Thursday, June 25, 2015	Thursday, June 25, 2015
August 2015	Saturday, July 25, 2015	Friday, July 24, 2015
September 2015	Tuesday, August 25, 2015	Tuesday, August 25, 2015

Dates in bold will be debited before the due date because of weekends and holidays.

If you have any questions or concerns please call OEBB at (888) 469-6322.