Sample DIRECT PAYMENT/ACH DEBIT Authorization Form

We are pleased to offer you a new service—the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:
- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time–it helps maintain good credit.
- It saves postage – many people spend close to $100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works:
You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified day, and proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us at:

- ***Fax back to: (Insert Agency Fax Number)***
- ***Mail to: (Insert Agency Physical Address)***

All You Need to Do Is:

1. Fill in your name at the top of the form.
2. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
3. 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.
4. This authorization authorizes the state to debit your account on a regular basis. If your checking account authorized for this debit has a debit filter/block in place, please contact the (State Agency Name and contact name) to obtain the company ID. This 10 digit number will need to be provided to your bank to allow the debit transaction to process through your account successfully.
5. If you are funding this debit with specific payment instructions to move funds from a bank outside the United States to a US financial institution, please check the box indicating this. A representative from the state will contact you with more instructions on how this payment will be processed. Depending on how this transaction is funded, you may not be able to have your account automatically debited by the state agency you are working with.
6. ***Be sure to sign the form and return to the Agency:***
    a. ***Fax back to: (Insert Agency Fax Number)***
    b. ***mail to: (Insert Agency Physical Address)***

Please complete the information below.

(State Agency Originating)

ACH DEBIT AUTHORIZATION

I, PRINT CUSTOMER NAME_____, authorize (INSERT AGENCY NAME) to initiate electronic debit entries for payment of my _____ (TYPE OF BILL), to my:

TYPE OF BANK ACCOUNT:

☐ Checking account ☐ Savings account

☐ Business Account *(Check this box only if the checking or savings account is a business account),*

☐ I have a Debit Filter or Debit Block on this account. Please contact me with the Company ID that I can provide to my bank to allow this debit to process as authorized.

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: Indicate by checking the box below 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: **(EXAMPLE: US Company is owned by an International Company and there are instructions in place to transfer funds to a US Financial institution specifically to fund this debit transaction.)**

☐ 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.

****

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 ACH Direct Debit 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 debit authorized by you is being funded from a Non US Financial Institution explicitly for the purpose of this payment. Please contact (Insert Agency Contact) with any changes to your ACH Debit 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_____

DATE _____**PHONE NUMBER** _____