



# Authorization for Electronic Deposit

## Instructions:

Please print your name, Social Security Number, and financial institution on the top lines. Fill in your financial institution's branch address, city, state, zip code, and the telephone number of the branch you use. Check the box that tells us what to do (start or terminate electronic deposit). Mark the box to tell us into which account (checking or savings), you want your benefit payment deposited.

If you want your benefits deposited in your checking account, include a voided check (write "VOID" across the check). Fill in your account and bank routing numbers. If you want your benefits deposited in your savings account, include a voided deposit slip (write "VOID" across the deposit slip).

Sign and date the completed form. If mailing, put the completed form (along with your voided check or deposit slip) into an envelope with first class postage.

Please mail or fax this form with a voided check or deposit slip to:

**\*Please note that signing this form electronically has the same meaning and validity as your handwritten signature.**

**Oregon Employment Department**  
Electronic Deposit Unit-Rm 105  
875 Union St. NE  
Salem, Or 97311  
Fax: (503) 947-1335

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**Authorization for Electronic Deposit**

Start

Terminate

*Office Use Only*

\_\_\_\_\_  
*Name: (Please Print)*

\_\_\_\_\_  
*Social Security Number:*

\_\_\_\_\_  
*BYE:*

\_\_\_\_\_  
*Financial Institution:*

\_\_\_\_\_  
*Branch Phone:*

\_\_\_\_\_  
*Address of Your Branch:*

\_\_\_\_\_  
*City, State, Zip Code:*

I authorize the State of Oregon Employment Department to electronically deposit weekly payment in the above named financial institution. I authorize the above named institution to accept and distribute said funds in the matter designated by me.

*Checking*

*Bank Routing Number:*

*Savings*

*Account Number:*

I understand that this authorization will override any previous authorization, and will remain in effect until the Employment Department receives written notice of its termination, or one year has passed since I last claimed.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Today's Date*