



# 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.

Sign and date the completed form.

Put the completed form (along with your voided check if you want your deposit in checking) into an envelope with first class postage.

Mail to:

**Employment Department  
Electronic Deposit Unit -Rm 105  
875 Union St. NE  
Salem, OR 97311**

---

## Authorization for Electronic Deposit

- Start
- Terminate

Name (please print):	Social Security Number:	BYE:
Financial Institution:		Branch Telephone Number:
Address of Your Branch:	City, State:	Zip Code:

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

- Checking (Please include a voided check)
- Savings

Bank Routing Number:
Account Number:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date