

ACH Debit Authorization SPER (Self-Pay Early Retiree)

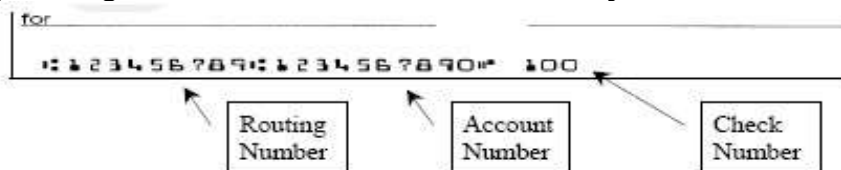
Use this form to authorize OEBB to withdraw premiums from your bank account each month. This authorization will remain in effect until revoked in writing, or until superseded by another form submitted at a later date. Should your premium amount change, the amount withdrawn will change accordingly without need for a new authorization.

If your banking information changes, submit another form with your new account information to maintain timely premium payments.

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

Frequently Asked Questions: 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 OEBC to do?

By completing and signing this ACH Debit Authorization form, you give consent to OEBC 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 to the address indicated above.

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

No. OEBC will continue to debit your account as long as you are eligible for OEBC benefits.

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When will funds be withdrawn from my account?

Funds will be withdrawn for your monthly premiums directly from your checking or savings account on the 2nd business day of each month.



ACH Debit Authorization SPER (Self-Pay Early Retiree)

OEBB Use Only

Approved by _____

Date Approved _____

Effective Date _____

1. SPER Information

E Number				Date of Birth (mm-dd-yyyy)	
Last Name		First Name			MI
Address				Apt#	
City	State	Zip	County		
Personal Email		Home Phone		Mobile Phone	
Are you eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are any of your dependents eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list Medicare eligible dependent(s) _____			

2. Account Information

<input type="checkbox"/> New banking information <input type="checkbox"/> Update to existing banking information		Effective Date																																								
<input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings																																									
Financial Institution Name	Account Holder Name																																									
A VOIDED CHECK MUST BE ATTACHED If you do not have checks, please contact your financial institution to provide a letter verifying your account. Deposit slips are not sufficient.																																										
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Nine-digit Routing Transit Number		Account Number (Show the number exactly as written including necessary spaces, zeros, or dashes.)																																								
International ACH Determination (More information is provided on the first page.) <input type="checkbox"/> 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.																																										

3. Authorization

I hereby authorize OEBB 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 provision of Oregon and U.S. law.	
Signature of Account Holder	Date
<u>How to Revoke Your Authorization</u> 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 manner as to afford OEBB and my financial institution a reasonable opportunity to act on it.	
Send the completed form and a voided check to: OEBB, Financial Services 500 Summer Street NE, E-88 Salem, OR 97301-1063	Or by fax: 503-378-5832