

ACH Debit Authorization SPER (Self-Pay Early Retiree)

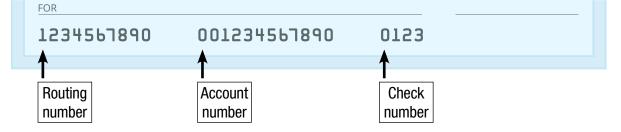
Use this form to authorize OEBB to withdraw premiums from your bank account each month. This authorization will remain in effect until revoked in writing, or until superseded by another form submitted at a later date. Should your premium amount change, the amount withdrawn will change accordingly without need for a new authorization.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 1-888-469-6322

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 OEBB to do?

By completing and signing this ACH Debit Authorization form, you give consent to OEBB 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. OEBB will continue to debit your account as long as you are eligible for OEBB 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When will funds be withdrawn from my account?

Funds will be withdrawn for your monthly premiums directly from your checking or savings account on the 2nd business day of each month.



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Office use only
Approved by: _____
Approved date: _____
Effective date: _____

Member information			
E number		Gender	Date of birth (mm/dd/yyyy)
Last name	First name	MF	Other M.I.
Address Check if new address			Apartment or space#
City	State	ZIP	County
Personal email	Home phone number		Mobile phone number
Are you Medicare eligible? Yes No			
Account information			
New banking information Update to	existing banking i	nformation	Effective date (mm/dd/yyyy)
Personal account Business	account	Checking	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.			
Nine-digit routing transit number	Account number (Show the number		ng necessary spaces, zeros, or dashes.)
International ACH Determination (More information is provided on the first 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.			
Authorization			
I hereby authorize the Oregon Educators Benefit Board to withdraw funds (electronically debit and/or credit my account to correct erroneous debits) 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
How to revoke your authorization This authorization is to remain in full force and effect until I submit a written termination notification to the Oregon Educators Benefit Board using the address or fax number listed below. I understand OEBB requires at least 2 days prior to the last day of the month to cancel this authorization.			
Send the completed form and a voided che		ancial Services ner Street NE, E-88	Or by fax: 503-378-5832

Salem, OR 97301-1063