

# ACH Credit Agreement and Application for Combined Payroll Tax and Assessment

<b>Department of Revenue use only</b>
Date received

**New** or  **Change** — Check the correct box to indicate whether this is a new application or a change.

**Please type or print clearly in black ink.**

Business name	Federal employer identification number (FEIN)	Oregon business identification number (BIN)	
Business address	City	State	ZIP code
Name of contact person at business	Title of contact person		
Email	Phone	Fax	

**Payroll service or CPA contact information (if applicable). All verbal and written communication will go to the contact person below.**

Name of payroll service or CPA contact	Phone		
Email	Fax		
Payroll service or CPA address	City	State	ZIP code

I certify that the individual named above as contact person (if not employed by my business) is authorized to act on my behalf in regards to ACH credit transactions.

Business owner signature	Title	Date
X		

I (we) contacted my (our) financial institution and confirmed that the financial institution can initiate Automated Clearing House transactions that meet Oregon Department of Revenue (DOR) requirements. For verification, the department may contact:

Financial institution name	
Financial institution contact person	Phone

These transactions will be funded from a non-U.S. financial institution.

**Authorization**

I (we) request that DOR grant authority to the above named business to initiate Automated Clearing House credit transactions to the bank account of the State of Oregon. I (we) understand transactions must be in the National Automated Clearing House Association (NACHA) CCD+ format using the Tax Payment (TXP) Banking Convention and may only be initiated for payment of Oregon combined payroll taxes and assessments. I (we) understand that the above named business is responsible for paying the cost of initiating such transactions that may be charged by the business' financial institution. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of state and U.S. law. I (we) and DOR agree to abide by all applicable ACH operating rules in effect from time to time.

This agreement is to remain in full force and effect until DOR has received written notification from me (or either of us) of its termination so as to afford the interested parties a reasonable time to act on it.

Authorized signature	Title	Date
X		

**Please verify that you have completed the following:**

I have reviewed the authorization agreement and completed all information.

**Note: We cannot process authorization agreements that are incomplete.**

**Fax your completed form to: 503-345-2353 (fax)**

Or mail it to: Oregon Department of Revenue, EFT, PO Box 14725, Salem OR 97309-5018

**—Keep a copy of this agreement for your records—**