	ACH Debit Authorization	OEBB Use Only	
		Approved by Date	
	Early Retiree	Effective Date	

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 This authorization will remain in effect until revoked in writing, or until superseded by another form submitted at a later date. If your banking information changes, submit another form with your new account information to maintain timely premium payments. Should your premium amount change, the amount withdrawn will change accordingly without need for a new authorization. See the second page for more information on ACH debit authorizations.

1. Member Information		E Number		
Last Name First Nam	ne	ľ	MI Date of I	Birth
Contact Address	Apt #	City	7 State	Zip
E-mail		Work Pho	one (if applicable)	Home Phone
2. Account Information	Type of Accor	int:		or business account? nt Dusiness Account
Financial Institution Name			Account Holder Name	
Financial Institution's Mailing Address	(City	State	Zip
Attach a voided che	eck to this form	and comple	te the section belo	W .
Nine-Digit Routing Transit Number Account Number (include spaces, zeros & dashes)				ashes)
3. Account Authorization				
I hereby authorize the Oregon Educators financial institution indicated. I acknowle comply with the provisions of Oregon and	edge that the ori		•	

Signature of Account Holder

How to Revoke your Authorization

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 such manner as to afford OEBB and my financial institution a reasonable opportunity to act on it.

Date

International ACH Determination (More information is provided on the next page.)

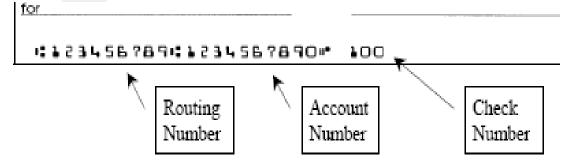
I have payment instructions in place with a non-US Financial Institution to transfer funds to my US Financial Institution identified above for the specific purpose of funding this recurring debit transaction.

Send form and	1225 Ferry Street SE, Suite B	Financial Services
voided check to OEBB:	Salem, OR 97301-4278	Ph: 888-469-6322, Fax: 503-378-5832

107000-01502 (rev. 3/20/2013)

Answers to Your Questions on 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 the Oregon Educators Benefit Board 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. Please mail both to: OEBB, 1225 Ferry Street SE, Suite B, Salem, OR 97301-4278.

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. You can change your authorization at any time by submitting another ACH Debit Authorization form. Please provide written notification to OEBB if you wish to revoke your authorization.

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 my money be taken out?

Funds will be withdrawn for your monthly premiums directly from your checking or savings account on the 2^{nd} of each month. If the 2^{nd} lands on a weekend or a holiday, funds will be withdrawn on the <u>next business day</u>. For example; if the 2^{nd} is on a Saturday or Sunday, funds will be withdrawn on the Monday after the 2^{nd} .

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