



Department of Revenue Use Only
Date Received

ACH CREDIT AGREEMENT AND APPLICATION FOR COMBINED PAYROLL TAX AND ASSESSMENT

- Please type or print clearly in black ink.
- Check the correct box to indicate whether this is a new application or a change.
- Return your completed application to the address or fax number listed below. New Change

Business Name	Oregon Business Identification Number (BIN)	
Address	Federal Employer Identification Number	
City	State	ZIP Code
EFT Contact Person	Telephone Number ()	
E-mail Address	Fax Number ()	

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 requirements. For verification, the department may contact:

Name of Financial Institution	Financial Institution Contact Person	Telephone Number ()
-------------------------------	--------------------------------------	-----------------------------

I (we) request that the Department of Revenue 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 transaction to my (our) account must comply with the provisions of U.S. law. I (we) and the Oregon Department of Revenue 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 the Oregon Department of Revenue 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 X	Title	Date
----------------------------------	-------	------

150-206-030-1 (Rev. 9-03)

Send your completed agreement to: EFT Coordinator
Information Processing Division
Oregon Department of Revenue
PO Box 14725
Salem OR 97309-5018

Or fax it to: 503-947-2016

KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS