



AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Client Information

Client Name		
Remittance address		
City	State	Zip
Contact name		
Email address		
Amount \$	Loan #	Effective Date

Banking Information

Bank Name		
Bank address		
City	State	Zip
Bank contact name		
ABA Routing #	Account #	
Account type (please check only one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Customer's Authorization

Please sign below to confirm that you are authorizing Business Oregon to begin transferring payments for your invoices from the account mentioned above.

Signature	Date
Title	
Telephone number ()	

Please submit the completed form via email to OBDD.FISCAL.SVCS@biz.oregon.gov