



## 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)     Checking     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](mailto:OBDD.FISCAL.SVCS@biz.oregon.gov)