

Authorization for Electronic Deposit



You can use this form to request a change to how you would like to receive your payments. You can update this information at any time.

If you are using this form to authorize Unemployment Insurance Program payments:

- You need to include a voided check (write "VOID" across the check) or a voided deposit slip.
- Mail or fax this form with your voided check or voided deposit slip to:

Oregon Employment Department 875 Union St NE Salem, OR 97311 Fax: 503-947-1335

If you are using this form to authorize Paid Leave Oregon payments, mail this form to:

ATTN: Paid Leave Oregon Oregon Employment Department 875 Union St NE Salem, OR 97311

Authorization for Electro ☐ Start ☐ End	onic Deposit			
Please check which program you are submitting this request for: ☐ Unemployment Insurance ☐ Paid Leave Oregon				
First name (Please print):		Last name:		
Social Security Number (SSN): or				
Individual Taxpayer Identification Number (ITIN):				
Name of financial institution:				
☐ Checking	Routing number:			
☐ Savings	Bank account number:			

Name:	SSN/ITIN:
	artment to deposit payments from the Unemployment Insurance account at the financial institution named above. I authorize this ids in the way I request.
	de any previous authorization. For benefit payments, this e Oregon Employment Department to stop the electronic claimed benefits.
Signature	Date
Provide all required information and docu processing your request.	uments. Missing information or documents can cause a delay in
Need help?	
so you can use our services. Some examination written materials in other languages, large	DED) is an equal opportunity agency. OED provides free help mples are sign language and spoken-language interpreters, ge print, audio, and other formats. To get help, please call 503-You can also send an email to Language@employ.oregon.