

Electronic deposit confirmation

Your authorization is complete. Please [print this page](#) for your records.

This is your confirmation number: **190132825**

Routing Number: **031101334**

Financial Institution: **SOFI BANK, NATIONAL ASSOCIATION
SAN FRANCISCO, CA**

Account Number: **411008637805**

The Authorization you agreed to:

I authorize the State of Oregon Employment Department to electronically deposit weekly payments in the financial institution indicated above to accept and distribute said funds in the manner designated by me. I agree that I am responsible for the correctness of the information provided above. I have provided the above information under the penalty of perjury and represent that it is true and correct as of the date given.

The electronic deposit service is provided over the Internet. The Internet consists of many networks which are separately owned and not subject to the control of the Employment Department. Malfunction or cessation of Internet services by other Internet providers or networks may make electronic deposit temporarily or permanently unavailable. I agree that the Employment Department is not responsible when Internet or telecommunication services are unavailable or malfunctioning for any reason or Employment Department or other third party software or hardware prevents or delays payments or access to the service or any internet site or causes other problems. If my account is not credited with a scheduled benefit payment, I will be responsible for any bank fees or charges that may result due to insufficient funds.

I understand and agree that the Employment Department is not liable for any direct, punitive, incidental or consequential damages arising from or related to the use of the electronic deposit service, including but not limited to:

- (i) any loss of data in transmission or improper transmission or any third party act or communication transmitted to me;
- (ii) any computer virus or third party interference with my computer software or hardware or
- (iii) any damages resulting from a catastrophic weather condition, earthquake or other act of nature, failure or fluctuation in electrical power or other utility services or other cause beyond the Employment Department's reasonable control.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I promise to maintain records of this application and the benefits payments requested in this application. I will promptly notify the Employment Department of any erroneous credits or failures to credit that appear on bank statements related to the account identified in this application process. I understand that the state may recover funds deposited in error, if necessary, and that direct deposit transactions to my account or card must comply with U.S. and Oregon Laws.

This authorization is entered into in the State of Oregon, and will be governed by the

laws of the State of Oregon, without giving effect to principles of conflict of law. I understand that this authorization will remain in effect until the Employment Department has received written or verbal notification from me to terminate, or until my claim expires. If I am receiving benefits when the claim expires, and file a claim or extension effective the next week, this authorization will continue until the subsequent claim or extension expires.

By agreeing to this authorization and proceeding to the next screen and completing the on-line application, I acknowledge that I have read, understood and agree to this electronic, deposit authorization agreement.

Important: You are responsible for verifying the information you are providing is correct. The Employment Department has no control over your electronic payment after the payment is issued.

Please contact us at (503) 947-1394 if the bank account information you provided is incorrect.

You can change the account information online or by submitting a paper electronic deposit authorization. You can cancel direct deposit and receive your benefits by ReliaCard Visa at any time. Note: Any changes within 10 days of this authorization must be submitted in writing. Please call your Unemployment Insurance Center immediately if you close or change your bank account.

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