

**\*\*\* IMPORTANT NOTICE \*\*\***

OSB Member

Due to COVID concerns, delays with the mail and lost checks, OSB is strongly encouraging all members to transition from receiving payments by check to electronic funds transfer (ACH/EFT). Payment requests are paid weekly on Tuesday and deposited directly to your bank account. In addition, you will receive a payment remittance via email noting what was paid, how much and the date the funds will be transferred to your account. Be assured that your information is kept strictly confidential for accounting purposes only.

To sign up for ACH/EFT payments, complete page 2 of the Expense Reimbursement form and return to:

Oregon State Bar  
Attn: Accounting – ACH  
Po Box 231935  
Tigard, OR 97281

If you have any questions, please feel free to call or email me.

Donna Wuennecke  
Accountant  
Direct: 503-431-6307  
dwuennecke@osbar.org

# Expense Reimbursement Request



Bar #: \_\_\_\_\_

Mail to: OSB Accounts Payable  
 PO Box 231935  
 Tigard OR 97281-1935  
 Email to: [accountspayable@osbar.org](mailto:accountspayable@osbar.org)

Payment Choice:    **CHECK**    **ACH** (Sign-up for ACH, see page 2)

\*\*\* **Section Members:** Submit this form to the section treasurer for approval \*\*\*

Funds Payable To:

Section Name:

Mailing Address/Email		Event / Activity Description	
		Event Name/Date:	
		City & State:	
		Description:	
Email:			

Date →						Totals
Meals (breakfast,lunch,dinner,snacks)						
Lodging						
Airfare						
Car Rental						
Taxi/Transport Services						
Parking						
Misc (Specify)						
<b>Totals</b>						

Mileage Reimbursement			
Date	Travel to/from	No. Miles	Remarks
		Total Mileage	0.585 / mile

Accounting Distribution		Totals	
Account Number	Amount	Total Expenses	
		Less Advance (if applicable)	
		Total Reimbursement	
		Approval Signatures & Date	
		Section Treasurer	
		Section Chairperson	
		Section Approval Date	
		OSB Dept Director/Mgr	
		OSB Accounting	
		OSB CFO	
<b>Total</b>		OSB Approval Date	

Signature of requestor (required for payment)	Date
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# OREGON STATE BAR

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

OREGON STATE BAR IS PLEASED TO OFFER AUTOMATIC ELECTRONIC PAYMENTS FOR THE CONVENIENCE OF OUR MEMBERS/VENDORS. THIS IS AN OPTIONAL, BUT HIGHLY PREFERRED, NO CHARGE SERVICE THAT ALLOWS YOU TO HAVE YOUR PAYMENT DEPOSITED DIRECTLY INTO YOUR BANK ACCOUNT. YOU WILL RECEIVE A PAYMENT REMITTANCE VIA EMAIL NOTING WHAT WAS PAID, HOW MUCH AND THE DATE YOU CAN EXPECT TO SEE THE FUNDS IN YOUR ACCOUNT. PAYMENTS WILL FOLLOW BUSINESS OFFICE GUIDELINES AND SCHEDULES. IF YOU ARE INTERESTED IN PARTICIPATING, PLEASE READ THE AUTHORIZATION AGREEMENT FORM AND FOLLOW THE INSTRUCTIONS BELOW.

1. COMPLETE THE FORM BELOW. BE SURE TO INCLUDE YOUR VENDOR NUMBER (IF KNOWN), SIGNATURE AND DATE.  
**PLEASE PRINT CLEARLY. (AN INCOMPLETE FORM CANNOT BE PROCESSED)**
2. IF CHOOSING CHECKING ACCOUNT, VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER.  
**THIS INFORMATION MUST COME FROM A CHECK NOT A DEPOSIT SLIP.**
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, YOU MUST INCLUDE THE NAME OF THE OTHER PARTY AND THEIR SIGNATURE.
4. RETURN THE COMPLETED FORM TO: OREGON STATE BAR – ACCOUNTING DEPT. IN PERSON OR MAIL TO:

OREGON STATE BAR  
ATTN: ACCOUNTING - ACH  
PO Box 231935  
TIGARD, OR 97281-1935

Please contact Oregon State Bar at (503) 431-6307 or [dwuennecke@osbar.org](mailto:dwuennecke@osbar.org) if you need further information.

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS AND/OR ACH CREDITS)

VENDOR/NAME: \_\_\_\_\_ ACCT/BAR #: \_\_\_\_\_  
(PLEASE PRINT CLEARLY) (IF KNOWN)

DAY PHONE: \_\_\_\_\_ EMAIL REMIT STUB TO: \_\_\_\_\_

I (WE) HEREBY AUTHORIZE OREGON STATE BAR TO INITIATE DEBIT AND/OR CREDIT ENTRIES TO MY (OUR)

CHECKING ACCT

SAVINGS ACCT

INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED *DEPOSITORY*, AND TO DEBIT AND/OR CREDIT THE SAME TO SUCH ACCOUNT. I (WE) UNDERSTAND IF CORRECTIONS ARE NECESSARY, IT MAY INVOLVE ADJUSTMENT (CREDIT OR DEBIT) TO MY (OUR) ACCOUNT. I (WE) ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

BANK NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
*(routing & account number must be from a check, not a deposit slip)*

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL OREGON STATE BAR HAS RECEIVED WRITTEN NOTIFICATION FROM ME (US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD OREGON STATE BAR AND *DEPOSITORY* A REASONABLE OPPORTUNITY TO ACT ON IT.

ACCOUNT HOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

ACCOUNT HOLDER NAME: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

OSB ACCTG USE ONLY: DATE RECEIVED: \_\_\_\_\_ BANK VERIFICATION: \_\_\_\_\_ INITIALS: \_\_\_\_\_