

Automated Clearing House (ACH) Authorization Form

This form is used to establish the automated transfer of your retirement plan contributions that are initiated through the OppenheimerFunds Plan Service Center (PSC).

Plan Sponsor Information

Plan Name _____

Plan Account Number _____

Contact Name _____

Address _____

Phone _____

Email _____

Bank Authorization

Please accept this as formal notification that service effective date _____, OppenheimerFunds will be responsible for the recordkeeping of the retirement plan mentioned above. OppenheimerFunds is hereby authorized to access the account listed below on behalf of the plan, to withdraw or deposit money in respect to contributions via the ACH. As an officer of this company, the undersigned hereby grants OppenheimerFunds the authority to make deposits and withdrawals from the account noted below:

Bank _____

Street Address _____

Account Name _____

Account Type _____ Savings _____ Checking

Account Number _____

Routing Number _____

Representative _____

Telephone No. _____

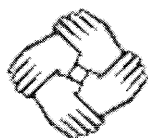
The Plan Sponsor agrees to provide OppenheimerFunds with 30 days' written notice prior to closing or changing this account.

Plan Sponsor Signature _____ Date _____

Title _____

Please complete the ACH Authorization Form and send the original form along with a voided check from the account noted above by fax to 303-801-6017 attention Oppenheimer Plan Support

In addition, please send a photocopy of this form to your bank.



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