



Payment Processor Authorization

Michigan Office of Retirement Services (ORS) requires each reporting unit name at least one individual as the Payment Processor; it is recommended that two or three individuals be named. Payment Processors will make payments online and have access to the online employer statements along with short fall, late fee, and interest charge invoices.

Complete this form to designate individuals for payment processor authorization. Identify *all* authorized payment processors for your reporting unit; mark the Change/No Change box as appropriate. **Fax the completed and signed form to Employer Reporting at 517-284-4416.** ORS will then create the Payment Processor account and send login information to the named Payment Processor(s) by email.

Reporting Unit Information <i>Please Print or Type</i>	
REPORTING UNIT NAME	REPORTING UNIT NUMBER

Payment Processor 1	
NAME — <i>Last, First, M.I.</i>	<input type="checkbox"/> CHANGE <input type="checkbox"/> NO CHANGE
WORK TELEPHONE NUMBER — <i>(###) ### - ####</i>	WORK EMAIL ADDRESS

Payment Processor 2	
NAME — <i>Last, First, M.I.</i>	<input type="checkbox"/> CHANGE <input type="checkbox"/> NO CHANGE
WORK TELEPHONE NUMBER — <i>(###) ### - ####</i>	WORK EMAIL ADDRESS

Payment Processor 3	
NAME — <i>Last, First, M.I.</i>	<input type="checkbox"/> CHANGE <input type="checkbox"/> NO CHANGE
WORK TELEPHONE NUMBER — <i>(###) ### - ####</i>	WORK EMAIL ADDRESS

Certifying Signature <i>Please Print or Type</i>	
By my signature below, I certify that the above named individual(s) is/are authorized to act as Payment Processor(s) for this reporting unit.	
NAME	WORK TELEPHONE NUMBER — <i>(###) ### - ####</i>
SIGNATURE	DATE
PLEASE SPECIFY POSITION: <input type="checkbox"/> SUPERINTENDENT <input type="checkbox"/> CFO <input type="checkbox"/> VP OF BUSINESS <input type="checkbox"/> BUSINESS MANAGER	

If you have questions about Payment Processor duties or web reporting, contact Employer Reporting at 800-381-5111 or ORS_Web_Reporting@michigan.gov.

