

Toll Free: 800-381-5111 Michigan.gov/PSRU Fax: 517-284-4416

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 Please Print or Type			
REPORTING UNIT NAME	REPORTING UNIT NUMBER		
Payment Processor 1			
NAME — Last, First, M.I.		CHANGE	☐ NO CHANGE
		- CHANGE	□ NO CHANGE
WORK TELEPHONE NUMBER — ### - ### - ####	WORK EMAIL ADDR	ESS	
Payment Processor 2			
NAME — Last, First, M.I.		CHANGE	NO CHANGE
		- OFFANGE	- NO GHANGE
WORK TELEPHONE NUMBER — ### - ### - ####	WORK EMAIL ADDR	ESS	
Payment Processor 3			
i aymont i recessor e			
NAME — Last, First, M.I.		CHANGE	□ NO CHANGE
		☐ CHANGE	☐ NO CHANGE
	WORK EMAIL ADDR		☐ NO CHANGE
NAME — Last, First, M.I.	WORK EMAIL ADDR		☐ NO CHANGE
NAME — Last, First, M.I. WORK TELEPHONE NUMBER — ### - ####	WORK EMAIL ADDR		□ NO CHANGE
NAME — Last, First, M.I.	WORK EMAIL ADDR		□ NO CHANGE
NAME — Last, First, M.I. WORK TELEPHONE NUMBER — ### - ### - #### Certifying Signature Please Print or Type By my signature below, I certify that the above named individual		ESS	
NAME — Last, First, M.I. WORK TELEPHONE NUMBER — ### - #### Certifying Signature Please Print or Type		ESS	
NAME — Last, First, M.I. WORK TELEPHONE NUMBER — ### - ### - #### Certifying Signature Please Print or Type By my signature below, I certify that the above named individual		ed to act as Pa	ayment
NAME — Last, First, M.I. WORK TELEPHONE NUMBER — ### - ### - #### Certifying Signature Please Print or Type By my signature below, I certify that the above named individual(Processor(s) for this reporting unit.	s) is/are authorize	ed to act as Pa	ayment
NAME — Last, First, M.I. WORK TELEPHONE NUMBER — ### - ### - #### Certifying Signature Please Print or Type By my signature below, I certify that the above named individual(Processor(s) for this reporting unit.	s) is/are authorize	ed to act as Pa	ayment
NAME — Last, First, M.I. WORK TELEPHONE NUMBER — ### - #### Certifying Signature Please Print or Type By my signature below, I certify that the above named individual(Processor(s) for this reporting unit. NAME	s) is/are authorize WORK TELEPHONE	ed to act as Pa	ayment
NAME — Last, First, M.I. WORK TELEPHONE NUMBER — ### - #### Certifying Signature Please Print or Type By my signature below, I certify that the above named individual(Processor(s) for this reporting unit. NAME SIGNATURE	s) is/are authorize WORK TELEPHONE	ed to act as Pa	ayment
NAME — Last, First, M.I. WORK TELEPHONE NUMBER — ### - #### Certifying Signature Please Print or Type By my signature below, I certify that the above named individual(Processor(s) for this reporting unit. NAME SIGNATURE PLEASE SPECIFY POSITION:	s) is/are authorize WORK TELEPHONE	ed to act as Pa	ayment

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

