AFFIDAVIT NOTIFYING FINANCIAL INSTITUTION OF INCOME NOT SUBJECT TO GARNISHMENT

To:_____
(Name and Address of Financial Institution to whom this Affidavit is directed)

STATE OF OREGON)
) ss.
County of _____)

I _____ being first duly sworn, hereby swear or affirm that all of the following is true.

1. I am a resident of _____ County, Oregon.

2. I currently have, or once the account is open will have, moneys deposited into my account, number _____, by direct deposit or electronic payment that may be wholly or partly protected from garnishment pursuant to Senate Bill 731, passed in 2009 and codified in ORS 18.252-18.993.

3. This account is held by the Financial Institution listed above.

4. These deposited monies come from the following source/s (check all which apply):
   - □ Payments from the Social Security Administration;
   - □ Public assistance payments from the state or a state agency;
   - □ Unemployment compensation payments from the state or a state agency;
   - □ Payments from a public or private retirement plan as defined in ORS 18.358;
   - □ Veterans benefit payments from the Veterans Administration;
   - □ Workers' compensation payments from a workers' compensation carrier; or
   - □ Black lung benefit payments from the US Department of Labor.

5. [ ] My retirement/pension benefits are currently paid to me by _____.
(name of company)
[ ] My worker's compensation payments are currently paid to me by _____.
(name of company)

Dated: _____ _____
Signature

Signed and sworn to before me by _____this _____ day of

_____, 20___. _____
Notary for the State of Oregon
My commission expires: