AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT SERVICES

For 2008 MCEA Candidates

Notice: MCEA candidates must complete this form if they want electronic funds transfer. If you have submitted this form in a previous election and none of the information has changed, you do not need to re-submit it. If you are not sure, please re-submit the form.

Send to: DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
ATTN: LYNN WARE
74 STATE HOUSE STATION
AUGUSTA , MAINE 04333-0074
Phone # 207-624-7393 Fax # 207-287-4044

Print Form Reset Form

I am hereby authorizing the state to electronically transfer payments to the following:

Name of Financial Institution	
Address of Institution **Street, City, State, Zip Code**	
Account Number	
Transit/ABA Number	
Type of account	Checking: ☐ Savings: ☐
Name on Account	

(Please submit a voided check or deposit slip from your account for verification)

for deposit to my/our account and I/we authorize the Agency to initiate credit entries and debit entries (to make corrections) to my/our account at the above named financial institution. Each deposit so made (after any necessary corrections) will be full payment of the amount then due and payable to me/us. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by so notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

Signature of Payee or Authorized Agent

Date

Social Security # of Payee or Firm's Tax Identification #

Address

City, State, and Zip Code

Title of Authorized Agent

Contact Person: _____

Phone #: _____

(Please print in ink or type all requested information and notify us **in writing** when there is a change in your name, address, authorized agent, bank account number, etc.) **AN INCOMPLETE FORM WILL NOT BE PROCESSED.**

Rev. 07/07