



OFFICE OF THE STATE CONTROLLER
 AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT SERVICES FOR 2010 MAINE CLEAN ELECTION ACT CANDIDATES

The State Controller's Office requires you to submit a voided check or deposit slip from your account for verification.

Submit completed form to:
 Commission on Governmental Ethics and Election Practices
 135 State House Station
 Augusta, ME 04333-0135

Please check one	<input type="checkbox"/> New	<input type="checkbox"/> Change	<i>TIN is Taxpayer Identification Number of Payee</i>	
Payee's Name			TIN of Payee	
Contact Person's Name <small>If different from Payee/Name on Acct</small>			TIN is Please check one	<input type="checkbox"/> EIN <input type="checkbox"/> SSN
Payee or Contact's Phone				
Contact Email				

Read statement below and check box : I agree with the following statement.

I, the below signed, authorize you to electronically transfer payments to the account provided below, 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.

You MUST notify us in writing when there is a change in any information on this form.

OLD Bank Information: Complete this section and "NEW Bank" section below, if there was a change in your account.

Name on Account		Transit/ABA#	
Name of Financial Institution		Account #	
Address of Financial Institution Street/PO Box		Please check one	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
City			
State and Zip Code		Telephone	

NEW Bank Information: Complete only this section, if you checked "New" at top.

Name on Account		Transit/ABA#	
Name of Financial Institution		Account #	
Address of Financial Institution Street/PO Box		Please check one	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
City			
State and Zip Code		Telephone	

Signature of Payee: _____ Date: _____
 (Signature of Candidate or Authorized Agent of Candidate)

Please Note: Incomplete forms will not be processed.