

**AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER PAYMENTS**

To: OFFICE OF THE STATE CONTROLLER
ATTN ACCOUNTING STAFF
14 STATE HOUSE STATION
AUGUSTA ME 04333-0014
Phone 207-626-8420 Fax 207-626-8447

We require you to submit a
voided check or deposit slip from
your account for verification.

NEW CHANGE
Circle ONE

Payee's Name

TIN of Payee

EIN SSN

Circle ONE

Contact Person's Name

Taxpayer ID Number of Payee

If different from Payee or Name on Act

Payee or Contact's Phone #

Address of Payee
(Street/PO, City,
State, & Zip)

Email

I authorize the State of Maine to send DD/EFT payment detail to the above email address.

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 your name, address, authorized agent, bank account, etc..

OLD Bank Info:

Name on Account

Transit/ABA #

Name of Financial Institution

Account #

Address of Financial Institution
(Street/PO, City, State, Zip & Phone)

Savings Checking
Circle ONE

NEW Bank Info:

Name on Account

Transit/ABA #

Name of Financial Institution

Account #

Address of Financial Institution
(Street/PO, City, State, Zip & Phone)

Savings Checking
Circle ONE

We require you to submit a voided check or deposit slip from your account for verification.

Signature of Payee _____

Date

(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)

INCOMPLETE FORMS WILL NOT BE PROCESSED