

STATE OF MAINE
ACTIVATION/CHANGE REQUEST FOR DIRECT DEPOSIT / EFT

MAIL TO: _____
AGENCY RETURN LABEL/STAMP
 State agency or department you are doing business with. (ie., DHHS/Labor/DEP)

We require you to submit a voided check or letter from your bank for account verification.

Choose ONE
 NEW
 CHANGE

Payee's Name _____

TIN of Payee* _____

Choose ONE

SSN

EIN

Contact Person's Name & Phone # (If different from Payee) _____

*TIN is required ~ Employer ID No. or Social Security No.

Vendor Code _____

Include VC or VS

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

One Vendor Code (VC/VS) Number per a form & can be provided by agency.

Email _____

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

By signing and returning this document, you agree to the following statement:

I, the below signed, authorize you to electronically transfer payments to the account provided below. I/we authorize the Agency to initiate credit entries and debit entries (only for the purposes of correcting an erroneous credit provided that, prior to the debit I/we are notified by the Agency in writing of the reason) to my/our account at the below named financial institution. 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 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.

OLD Bank Info: This section is for CHANGES ONLY ~ For New bank set up, please skip to **NEW** section below.

Name on Account _____

Routing # _____
 (Transit/ABA #)

Name of Financial Institution _____

Account # _____

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

Choose ONE

SAVINGS

CHECKING

You MUST notify us of changes to your name, address, & contact info by completing a Vendor Activation/Change form. Locate our forms at: <http://www.maine.gov/osc/forms/index.shtml> (Under VENDOR section.)

NEW Bank Info: *New bank info is **REQUIRED** to be written on this document.

Name on Account* _____

Routing # * _____
 (Transit/ABA #)

Name of Financial Institution* _____

Account # * _____

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

Choose ONE

SAVINGS

CHECKING

We require you to submit a voided check or letter from your bank for account verification.

Signature of Payee* _____

Date _____

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

INCOMPLETE FORMS WILL NOT BE PROCESSED

For agency use only

AGENCY CONTACT NAME _____

PHONE # _____

SHS # _____

DATE _____