

STATE OF MAINE
REQUEST TO STOP DIRECT DEPOSIT

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

ONLY TO DEACTIVATE STANDARD EFT

Please use the Direct Deposit/EFT Activation/Change form to
change bank account information.
This form is not for use with PayMode updates. Please contact
PayMode directly.

You are hereby requested to discontinue (stop) electronic payments to the following: ***All fields required***

Payee's Name* <input style="width: 90%;" type="text"/>	TIN of Payee* <input style="width: 80%;" type="text"/>	EIN SSN <i>Circle ONE</i>
Contact Person's Name <input style="width: 90%;" type="text"/>	<i>Taxpayer ID Number of Payee</i>	
<small>If different from Payee or Name on Act</small>		
Payee or Contact's Phone # <input style="width: 90%;" type="text"/>	Address of Payee (Street/PO, City, State, & Zip)	
Contact Email <input style="width: 90%;" type="text"/>		

OLD Bank Info:

Name on Account <input style="width: 90%;" type="text"/>	Routing # <input style="width: 90%;" type="text"/>
	<small>(Transit/ABA #)</small>
Name of Financial Institution <input style="width: 90%;" type="text"/>	Account # <input style="width: 90%;" type="text"/>
Address of Financial Institution (Street/PO, City, State, Zip & Phone) <input style="width: 90%;" type="text"/>	Savings Checking <i>Circle ONE</i>

Reason for Stop

Please use the Direct Deposit/EFT Activation/Change form to **change** bank account information.

Signature of Payee _____	Date <input style="width: 90%;" type="text"/>
<small>(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)</small>	

You MUST notify us in writing when there is a change in your name, address, authorized agent, or contact info by using our Vendor Form/ME replacement W-9.

INCOMPLETE FORMS WILL NOT BE PROCESSED