State of Maine – Instructions for: Direct Deposit/EFT Activation/Change Request

- A. **Mail to:** You should return this form and any other forms to the State of Maine agency you're doing business with. The agency address should be here. Do **not** send it to OSC.
- B. **Agency use only:** This is for the State of Maine agency requesting your information to complete. You do not need to write anything here.

ACTIVATION/CHANGE REQUEST FOR DIRECT DEPOSIT / EFT	
MAIL TO: AGENCY RETURN LABEL/STAMP	We require you to submit a Sub
Zeale agency or department you are doing buildeas with (in. DMBISC.shortDBP)	Choose ONE
3 Payee's Name	TIN of Payee*
Contact Person's Name & Phone # (if different from Payee)	*TIN is required ~ Employer ID No. <u>or</u> Social Security No. 🔲 EIN
	Vendor Code maude VCorVs (5)
Address of Payee (StorePO, City, State, & Zip)	One Vendor Code (VC/VS) Number per a form & can be provided by agency.
6 Email	lauthorize 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:	
We have been advected by the observed by transformation to the associate provided balane. New analyticate the Agency to instance that the states that associate is the associate of the Agency to instance the Agency on the A	
OLD Bank Info: This section is for CHANGES ONLY ~ For New bank set up, please skip to NEW section below.	
8 Name on Account	Routing #
Name of Financial Institution	Account #
Address of Financial Institution (Street/PO,City, State,Zip & Phone)	Choose ONE SAVINGS OHECKING
You MUST notify us of changes to your name, address, & contact info by completing a Yendor 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 <u>REQUIRED</u> to be written on this document.	
Name on Account*	Bouting # *
	(Transidialia ii)
Name of Financial Institution*	Account #*
9	Choose ONE
Address of Financial Institution* (Street/PO,City, State,Zip & Phone)	
We require you to submit a voided check or letter from your bank for count verification. Signature of Payee*	
(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)	
For assury the only	
GENCY CONTACT NAME	PHONE # DATE DATE
*	

Your information should be filled in by you or a legal representative for you. (Not by a state employee.) It is your responsibility to provide accurate information. (We may request proof of SSN.)

1. We <u>REQUIRE</u> that you submit a voided check or letter from your bank for account verification. This must include your name, address, and routing & account numbers either on a preprinted check or on letter head from the bank. (We do **NOT** accept Deposit Slips or Starter Checks.)

2. **New or Change:** Are you changing bank info or adding new bank info? Select ONE. You may skip this if you are unsure.

3. **Payee Name:** is you. **Contact name/phone:** is you or someone who can discuss info on your behalf. **Address of Payee:** is your mailing address. These fields are <u>REQUIRED</u>.

4. **TIN of Payee:** This is your Social Security Number (SSN) if you are being paid personally or your Employer Tax ID # (EIN) if you're a business. Choose ONE only. This is <u>REQUIRED.</u>

5. Vendor Code: You may know your vendor code number
 (VC#) this is NOT required by you. The agency can add this info to

the form for you. You may not have a VC# because you're new.

- 6. Email: For email notification of direct deposit. Usually received about 3 to 5 days prior to your deposit for a normal cycle. Checkmark: I authorize the state of Maine to send DD/EFT payment detail to the email address included. Check the box if you want the email notification. This is optional.
- 7. **By signing and returning this document, you agree to the following statement:** You should read the fine print. No changes to the fine print can be made. The State of Maine does not normally debit you without notification via Treasury or your Bank. Odds of this are slim. This authorizes us to credit your account with your payment.
- 8. **OLD Bank Info:** This is where your old bank info would go if you are changing from one bank or account number to a new bank or account number. This is not required, but is preferred.
- 9. **New Bank Info:** Enter your new bank info here. Name on account, Name of bank, address of bank. This is <u>REQUIRED.</u>
- 10. **Routing & Account Numbers:** Enter your routing and account numbers here. Must match backup documentation. This is <u>REQUIRED.</u>
- 11. Savings or Checking: select only one. This is REQUIRED.
- 12. Sign and Date: you are required to sign & date this form or we cannot process the request. This is <u>REQUIRED</u>.

*We cannot process incomplete forms. If one of the items that is required is not completed we cannot process the request. The form will be returned to the State of Maine agency you're doing business with or it will be shredded.

11/19/2015