STATE OF MAINE AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT DEPOSIT

I hereby authorize and request the State of Maine, hereinafter called the STATE, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called the BANK and I authorize and request the BANK to accept any deposits initiated by the STATE to such account and to credit the same to such account without responsibility for the correctness thereof. In the event of an overpayment in error, I hereby authorize the STATE to initiate correcting entries to my account in the amount of such payment in error.			
Employee Name			New Add a Bank
Social Security #			Adjust Amounts Other
SIGNATURE:		DATE:	
Direct Deposit Savings			
Bank Name			
Transit Routing #			
Account Number		F	-lat Amount
Direct Deposit Che	ecking		
Bank Name			
Transit Routing #			
Account Number			Flat Amount
Direct Deposit Savings			
Bank Name			
Transit Routing #			Flat Amount
Account Number		Per	rcentage of Net
Direct Deposit Che	ecking		
Bank Name			
Transit Routing #			Flat Amount
Account Number		Per	rcentage of Net
	OFFICE USE ONLY		
Date Entered			Initial:
Department Info			