Reset Form

Print Form

REQUEST TO DISCONTINUE DIRECT DEPOSIT

To: OFFICE OF THE STATE CONTROLLER
ATTN DONNA CROCKETT
14 STATE HOUSE STATION
AUGUSTA ME 04333-0014
Phone 207-626-8445 Fax 207-626-8447

You are hereby requested to discontinue electronic payments to the following:

Name of Financial Institution

Account #

Type of Account

Name on Account

Transit/ABA #

Signature of Payee

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

Date

Title of Authorized Agent

Social Security Number of Payee

(SSN) or Firm's Tax Identification Number (TIN/EIN)

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

Contact Person's Name

Contact Person's Phone

You MUST notify us in writing when there is a change in your name, address, authorized agent, bank acount, etc..

INCOMPLETE FORMS WILL NOT BE PROCESSED