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* _____

TIN of Payee* _____
Taxpayer ID Number of Payee

EIN SSN
Circle ONE

Contact Person's Name _____
If different from Payee or Name on Act

Payee or Contact's Phone # _____

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

Contact Email _____

OLD Bank Info:

Name on Account _____

Routing # _____
(Transit/ABA #)

Name of Financial Institution _____

Account # _____

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

Savings Checking
Circle ONE

Reason for Stop _____

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

Signature of Payee _____ Date _____
(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)

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