

STATE OF MAINE
AUTHORIZATION AGREEMENT FOR 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: _____

SOCIAL SECURITY #:

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SIGNATURE: _____ DATE: _____

Direct Deposit Savings Bank Name _____	
Transit Routing # _____	
Account Number _____	Flat Amount \$ _____

Direct Deposit Checking Bank Name _____	
Transit Routing # _____	
Account Number _____	Flat Amount \$ _____

Direct Deposit Savings Bank Name _____	
Transit Routing # _____	Flat \$ _____
Account Number _____	Percentage <u>100% of Net</u>

Direct Deposit Checking Bank Name _____	
Transit Routing # _____	Flat Amount \$ _____
Account Number _____	Percentage <u>100% of Net</u>

EXPENSE ACCOUNT Bank Name _____ Type of Account : Checking _____ Savings _____	
Address _____	
Transit Routing # _____	
Account Number _____	Percentage <u>100%</u>

PLEASE SEND COMPLETED FORM AND EITHER A DEPOSIT SLIP OR A VOIDED CHECK FOR EACH BANK ACCOUNT TO YOUR AGENCY PAYROLL DEPARTMENT.

OFFICE USE ONLY	
Department # _____	
Initial: _____	
Date Entered _____	