

REQUEST TO DISCONTINUE 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

Please use the New/Change EFT form to change bank account information. This form is to only deactivate standard EFT.

This form is not for use with PayMode updates. Please contact PayMode directly.

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

Payee's Name TIN of Payee EIN SSN
Taxpayer ID Number of Payee *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 Transit/ABA #

Name of Financial Institution Account #

Address of Financial Institution Savings Checking
(Street/PO, City, State, Zip & Phone) *Circle ONE*

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, bank account, etc..

INCOMPLETE FORMS WILL NOT BE PROCESSED