

Janet T. Mills
Governor

Sara Gagné-Holmes
Acting Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

Small Public Water System Emerging Contaminant Planning Grant Reimbursement Request Form

Public Water System Name: _____ PWSID#: _____

Reimbursement to be sent to:

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

I have enclosed documents and/or proof of completion for the following:

- Documentation of project's paid expenditures (receipts, invoices, etc.).
- A filled-out Maine Municipal Bond Bank ACH Authorization Agreement for Payment Requisitions and a voided check for electronic payment

Submit this completed form, along with supporting documents, to Eduard Chenette at
Eduard.Chenette@maine.gov

Upon receipt of the above materials, we will authorize an electronic transfer for an amount up to the awarded sum by the Maine Municipal Bond Bank.

Owner Signature

Consulting Engineer Signature

Project Manager Signature

Name Printed

Name Printed

Name Printed

Date

Date

Date



Terry Hayes, *Executive Director*
Tel: 207-622-9386

In order to process your payment request the following information is required

ACH Authorization Agreement for Payment Requisitions

ACCOUNT INFORMATION

Financial Institution: _____

Routing Number: _____ (use all 9 digits) Checking

Account Number: _____

Account Name: _____

AUTHORIZATION AGREEMENT

I (we) hereby authorize the Maine Municipal Bond Bank to initiate entries into the bank account specified above and, if necessary, to electronically debit the account to correct erroneous entries. I certify the account allows these transactions. Furthermore, I certify that the above listed account number accurately reflects the intended receiving account. I agree that ACH transactions comply with all applicable laws. I Certify that I am an authorized signer for the account indicated above and that I have authority to authorize this/these transactions.

WaterSystem Name: _____

Employee Printed Name: _____

Employee Signature: _____

Date: _____

Note: Digital or Electronic Signatures are not acceptable

Return completed form with Payment Requisition