

STATE OF MAINE
ACTIVATION/CHANGE REQUEST FOR DIRECT DEPOSIT / EFT

Mail to:
 MAINE ETHICS COMMISSION
 135 STATE HOUSE STATION
 AUGUSTA, ME 04333-0135

**We require you to submit a
 voided check or letter from your
 bank for account verification.**

Choose ONE

- NEW
 CHANGE

Payee's Name

TIN of Payee*

Choose ONE

- SSN
 EIN

* TIN is required ~ Employer ID No. or Social Security No.

Contact Person's Name &
 Phone # (If different from Payee)

Vendor Code

Include VC or VS

One Vendor Code (VC/VS) Number per a form & can be provided by agency.

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

Email

I authorize the State of Maine to send DD/EFT payment detail to the email address included.

By signing and returning this document, you agree to the following statement:

I, the below signed, authorize you to electronically transfer payments to the account provided below. I/we authorize the Agency to initiate credit entries and debit entries (only for the purposes of correcting an erroneous credit provided that, prior to the debit I/we are notified by the Agency in writing of the reason) to my/our account at the below named financial institution. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

OLD Bank Info: This section is for CHANGES ONLY ~ For New bank set up, please skip to NEW section below.

Name on Account

Routing #
 (Transit/ABA #)

Name of Financial Institution

Account #

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

Choose ONE

- Savings
 Checking

You MUST notify us of changes to your name, address, & contact info by completing a Vendor Activation/Change form.

Locate our forms at: <http://www.maine.gov/osc/forms/index.shtml> (Under VENDOR section.)

NEW Bank Info: *New bank info is REQUIRED to be written on this document.

Name on Account*

Routing # *
 (Transit/ABA #)

Name of Financial Institution*

Account # *

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

Choose ONE

- SAVINGS
 CHECKING

We require you to submit a voided check or letter from your bank for account verification.

Signature of Payee* _____

Date

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

INCOMPLETE FORMS WILL NOT BE PROCESSED

For agency use only

AGENCY CONTACT NAME Lorrie Brann

PHONE # 287-4179

SHS # 135

DATE _____

INSTRUCTIONS FOR COMPLETING REQUEST FOR EFT/DIRECT DEPOSIT FORM

This direct deposit request takes four weeks to process. You must submit this form to the Commission at least one month before the certification deadline.

- Check “New” at the top right corner of the form.
- The “Payee’s Name” must be the same as the “Legal Name” used on your vendor form.
- “TIN” is the same taxpayer identification number (TIN) you used on your vendor form - either the candidate’s social security number (SSN) or a federal employer identification number (EIN or FEIN) if you have a campaign committee. Do not use the treasurer’s SSN.
- Complete the “Contact Person’s Name & Phone” section, if you want the state’s accounting staff to contact someone other than you with questions about your direct deposit request.
- The “Payment Address” must be the same payment address used on your vendor form.
- If you want your direct deposit/EFT correspondence sent to an email address rather than mailed to you or your treasurer, check the box to the left of the email address you entered.
- Read the authorization statement and check the box.
- Complete the “NEW Bank Info” section with your campaign account name, bank or credit union name, the routing number, and account number.
- Do not enter any information in the “OLD Bank Info.” If you need to change your bank account information, please contact your Candidate Registrar.
- “Name on Account” is the name you have given the bank for the account and usually is the name that appears on your campaign checks (e.g., “Jones for House,” “Mary Jones Senate 2010,” “Brad White, DBA Committee to Elect Brad,” “Emily Smith c/o Ann Black, Treasurer”). It is not the account holder’s name - unless that is the name you gave the account for the bank.
- **Attach a voided pre-printed check or letter from your bank that includes the routing and account numbers and the account name. A starter check or deposit slip will not be accepted.** The form will not be processed without the required forms of bank verification (a voided pre-printed check or bank letter).
- **Sign and date the form.**
- Please mail the completed form to the Maine Ethics Commission, 135 State House Station, Augusta, ME 04333, or hand-deliver it to 45 Memorial Circle, Augusta, Maine.
- **A faxed or scanned copy will not be processed. A complete and signed original form with a voided pre-printed check or bank letter is required.**
- If you have any questions about this form, please contact the Commission at 287-4179.