

State Reimbursement / Pay Deduction Authorization

State of Maine / OSC
14 State House Station
Augusta, Maine

04333-0014
Phone: 207-626-8420
Fax: 207-626-8453
www.maine.gov/osc

EMPLOYEE NAME:

SSN: ***Do not use dashes when typing social security number*

DEPARTMENT/AGENCY:

ACCOUNT CODING: ***Coding from original transaction*

AMOUNT:

Bi-WEEKLY DEDUCTION AMOUNT
- PLAN FOR REPAYMENT

PAYEE: STATE OF MAINE

REASON FOR DEDUCTION:

AUTHORIZED REQUESTOR SIGNATURE:

DATE:

PHONE NUMBER: