



**Designation of Payee**

Attorney Last:	
Attorney First:	
Attorney Bar ID:	

I, the undersigned designate the following  
Person  
Entity

to receive payment from the State of Maine on behalf of PDS. I understand and agree that this designation will become effective when reviewed and acknowledged by PDS, and that while PDS endeavors to update payment information promptly, any change may not be made immediately.

Payment shall be made to:

Name:	
Vendor Code:	
Telephone number:	
Address:	

Date: \_\_\_\_\_

**Please return completed forms to PDS.apply@maine.gov**