



# MAINE COMMISSION ON INDIGENT LEGAL SERVICES

## 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 MCILS. I understand and agree that this designation will become effective when reviewed and acknowledged by MCILS, and that while MCILS 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:

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