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

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.

NEW CHANGE

Circle ONE

Payee's Name*

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

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

Email

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

TIN of Payee* EIN SSN

Circle ONE

Vendor Code in the State's Accounting system.

Vendor Code *Include VC or VS*

Vendor Code can be provided by the State Agency.
One Vendor Code (VC/VS) Number per a form.

☐ 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 ~ 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)

Savings Checking

Circle ONE

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)

Savings Checking

*Circle ONE **

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

AGENCY CONTACT NAME _____ PHONE # _____ SHS # _____ DATE _____

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics
Phone: 207-287-4179 Fax: 207-287-6775

INSTRUCTIONS FOR COMPLETING REQUEST FOR DIRECT DEPOSIT FORM

Please submit completed forms to the Ethics Commission, 135 State House Station, Augusta, ME 04333
Please call the Commission with questions: 207-287-4179.

- All candidates must complete this form at the beginning of each election year (cycle). Circle "New" at the top right corner of the form.
- When updating your information during the election cycle, circle "Change" at the top right corner of the 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). Do not use the treasurer's SSN.
- Complete the "Contact Person's Name & Phone" section with the name and phone number of the person you want the state's accounting staff to contact concerning questions on your direct deposit request.
- The "Payment Address" is the same payment address as found on your vendor form.
- If you want your direct deposit/EFT payment detail (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 appropriate bank information section:
  a. "NEW Bank Info" if you are completing the form for the first time in the election cycle; and
  b. "OLD Bank Info" and "NEW Bank Info" if you are making a change to your information.

  "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 <u>not</u> the account <u>holder's</u> name - unless that is the name you gave the account for the bank.
- Attach a voided check or a letter from your bank for account verification which is <u>required</u> by the State Controller's Office for verification.
- Remember to sign and date the form.