

DIRECT DEPOSIT AUTHORIZATIONS

Legislator Salary and Legislator Allowances/Reimbursements

In accordance with Title 5 §1543-A of the Maine Revised Statutes, **direct deposit of legislator salary is mandatory**, with the biweekly payments transferred to the legislator's designated financial institution. A legislator may apportion their salary payment among as many as four different financial institutions and into as many as four different accounts in those institutions using the **Authorization Agreement for Employee Direct Deposit** form included below.

- Currently, **payroll advices of deposit** are printed for each biweekly payroll and delivered to the Offices of the Clerk of the House and the Secretary of the Senate for distribution to legislators.

For legislator allowances and reimbursements, a legislator may direct those payments to either one savings account, or one checking account by completing the **Activation/Change Request for Direct Deposit/EFT** form included below.

- If an email address was provided by the legislator on the State of Maine Substitute W-9 form that is required to make payments to legislators through the State's accounting system, legislators will receive an automated email following each allowance and reimbursement payment.

NOTE: An original signature is required for both forms. For the Activation/Change Request for Direct Deposit/EFT form, a voided check that matches the account provided on the form, or a signed letter from the bank to confirm the account, is required.

Both direct deposit authorization forms are reflected below. Submit completed forms to Eliza Taplin Jones in the Office of the Executive Director, State House Room 103, or by email to Eliza Taplin Jones and Dawna Lopatosky at: eliza.taplinjones@legislature.maine.gov; dawna.lopatosky@legislature.maine.gov

STATE OF MAINE
AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT DEPOSIT

I hereby authorize and request the State of Maine, hereinafter called the STATE, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called the BANK and I authorize and request the BANK to accept any deposits initiated by the STATE to such account and to credit the same to such account without responsibility for the correctness thereof. In the event of an overpayment in error, I hereby authorize the STATE to initiate correcting entries to my account in the amount of such payment in error.

Employee Name

☐

New

☐

Add a Bank

Social Security #

☐

Adjust Amounts

☐

Other

SIGNATURE: _____ DATE: _____

Direct Deposit Savings

Bank Name

Transit Routing #

Account Number

Flat Amount

Direct Deposit Checking

Bank Name

Transit Routing #

Account Number

Flat Amount

Direct Deposit Savings

Bank Name

Transit Routing #

Flat Amount

Account Number

Percentage of Net

Direct Deposit Checking

Bank Name

Transit Routing #

Flat Amount

Account Number

Percentage of Net

OFFICE USE ONLY

Date Entered

Initial:

Department Info

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

MAIL TO:

AGENCY RETURN LABEL/STAMP

State agency or department you are doing business with. (ie., DHHS/Labor/DEP)

We require a voided check (not computer generated) or a signed letter from your bank for account verification.

Choose ONE

☐ NEW

☐ CHANGE

Payee's Name

TIN of Payee*

Choose ONE

☐ SSN

☐ EIN

Contact Person's Name &

Phone # (If different from Payee)

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

Vendor Code

Include VC or VS

Address of Payee

(Street/PO, City, State, & Zip)

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

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

***Signature must be either printed with wet signature or digital signature with audit trail, such as DocuSign or Adobe Sign.**

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 Aida Gagnon

PHONE # 207-287-1615

SHS # 115

DATE

EFT_V9 05/14/26