

To: OFFICE OF THE STATE CONTROLLER  
 ATTN OSC ACCOUNTING  
 14 STATE HOUSE STATION  
 AUGUSTA ME 04333-0014  
 Phone 207-626-8420 Fax 207-626-8447

Please use the New/Change EFT form to change bank account information. This form is to only deactivate standard EFT.

This form is not for use with PayMode updates. Please contact PayMode directly.

You are hereby requested to discontinue electronic payments to the following:

Payee's Name	<input type="text"/>	TIN of Payee	<input type="text"/>	EIN    SSN
			<i>Taxpayer ID Number of Payee</i>	<i>Circle ONE</i>
Contact Person's Name	<input type="text"/>			
	<i>If different from Payee or Name on Act</i>			
Payee or Contact's Phone #	<input type="text"/>	Address of Payee	<input type="text"/>	
Contact Email	<input type="text"/>	(Street/PO, City, State, & Zip)		

OLD Bank Info:

Name on Account	<input type="text"/>	Transit/ABA #	<input type="text"/>
Name of Financial Institution	<input type="text"/>	Account #	<input type="text"/>
Address of Financial Institution (Street/PO, City, State, Zip & Phone)	<input type="text"/>		Savings    Checking <i>Circle ONE</i>

*\*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

**You MUST notify us in writing when there is a change in your name, address, authorized agent, bank account, etc..**

**INCOMPLETE FORMS WILL NOT BE PROCESSED**