



COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE COMPTROLLER
Electronic Funds Transfer Sign Up Form

Request type must be checked: Initial Request Changing Existing Account Closing Account

I _____, hereby certify that the account/s indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the State of Massachusetts to initiate, change or cancel credit entries to that account/s as indicated on this form.

For ACH debits consistent with the International ACH Transaction (IAT) rules check one:

- I affirm that payments authorized hereunder are not to an account that is subject to being transferred to a foreign bank account.
- I affirm that payments authorized hereunder are to an account that is subject to being transferred to a foreign bank account.

This authority is to remain in full force and effect until the Office of Comptroller has received written notification, from ether me or an authorized officer of organization of the account's termination in such time and in such a manner as to afford CTR a reasonable opportunity to act upon it.

VENDOR BANK INFORMATION

Vendor Bank Name: _____
 Vendor Bank Transit Number (ABA): _____
 Vendor Bank Account Number: _____

Filling out this field is a requirement for changing account number

Vendor Bank Old Account Number: _____
 Account Type: _____

VENDOR INFORMATION

Vendor Tax Identification Number (TIN): _____
 Vendor/Business Name: _____
 Vendor Contact Name: _____
 E-mail: _____
 Telephone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

This authorization will remain in effect until either canceled in writing or an updated form changing information is sent to the Department you currently do business with.

AUTHORIZED SIGNATURE: _____

Print Name: _____ Title: _____ Date: _____

Form forwarded to Commonwealth Department: _____

Attached voided check here:

