

## COMMONWEALTH OF MASSACHUSETTS

## OFFICE OF THE COMPTROLLER

Electronic Funds Transfer Sign Up Form

Dequest type must be sheeked.	Initial Dequest	Changing Exica	ting Aggount	Closing Assount
Request type must be checked: □	_			-
a foreign bank account.  I affirm that payments a foreign bank account.  This authority is to remain in full f from either me or an authorized of	ate Treasurer as unt/s as indicate T) rules check of uthorized hereur uthorized hereur orce and effect ufficer of organiza	fiscal agent for the don this form. For one: nder are not to an ander are to an accountil the Office of Cotion of the account	e State of Mas ACH debits of count that is unt that is sub Comptroller ha	sachusetts to initiate, change consistent with the subject to being transferred to ject to being transferred to a as received written notification
manner as to afford CTR a reasona		io act upon it.  BANK INFORMA	TION	
Vendor Bank Name: Vendor Bank Transit Number (AB Vendor Bank Account Number: Account Type:	·			
Filling out this field is a requirent Vendor Bank Old Account Number Account Type:		ng account numbe		
	VENDO	R INFORMATIO	ON	
Vendor Tax Identification Number Vendor/Business Name: Vendor Contact Name: E-mail: Telephone: Address: City:		State:		
This authorization will remain in e is sent to the Department you curre			g or an update	d form changing information
AUTHORIZED SIGNATURE:				
Print Name: Form forwarded to Commonwealth Attached voided check here:				
	Tanda & Franklin 1234 Main Greet Angarum, Ga. 12345  PAY TO THE ORDER OF FRANCIAL MATRICITION	DATE	1027 90-2566/1211	

123 456 7# 1027

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