



**COMMONWEALTH OF MASSACHUSETTS
AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER PAYMENTS**

"I, _____, hereby authorize the Commonwealth of Massachusetts, through the State Treasurer, to deposit funds due into the account at the bank named below. The State Treasurer is also authorized to debit my account only to adjust any over deposit which it has caused to be made to my account."

Request Type must be checked: ☐ Initial Request ☐ Changing Existing Request ☐ Closing Account

MEMBER BANK INFORMATION:

Bank Name: _____

Bank Transit Routing Number: _____

Bank Account Number: _____

(Please Check Account Type): _____ Checking Account (**attach voided check**)
 _____ Savings Account (**attach a bank issued memo with routing and account information**)

MEMBER INFORMATION:

Social Security Number: _____

Name: _____

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:

**Executive Office of Health and Human Services
MassHealth Accounting Unit – EFT
One Ashburton Place, 11th Floor
Boston, MA 02108**

SIGNATURE: _____

Print Name: _____ Date: _____

Attach voided check here.	
	