EXHIBIT F-6

Authorization for Electronic Funds Transfer

COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE COMPTROLLER

Electronic Funds Transfer Sign Up Form

This form should be sent to a department with whom you do business.

Request type must be checked: □Init	ial Request	☐ Changing Exis	ting Account	☐ Closing Account
T	: G., 41, 04, 41, 0		41a.i	
I, hereby cert access; therefore, I authorize the State or cancel credit entries to that account.	Treasurer as i	fiscal agent for the	e State of Mas	sachusetts to initiate, change
International ACH Transaction (IAT)			ACTI debits e	consistent with the
☐ I affirm that payments author a foreign bank account.			ccount that is	subject to being transferred to
☐ I affirm that payments authorizing bank account.	orized hereun	der <u>are to</u> an acco	unt that is subj	ject to being transferred to a
This authority is to remain in full force	e and effect in	ntil the Office of C	Comptroller ha	as received written notification
from either me or an authorized office				
manner as to afford CTR a reasonable				in such time and in such a
	VENDOR B	SANK INFORMA	ATION	
Vendor Bank Name:				
Vendor Bank Transit Number (ABA):				
Vendor Bank Account Number: Account Type:				
Filling out this field is a requiremen	t for changin	g account numbe	er	
Vendor Bank Old Account Number:				
Account Type:				
	VENDO	R INFORMATIO	ON	
Vendor Tax Identification Number (T)	(N):			
Vendor/Business Name:				
Vendor Contact Name:				
E-mail:				
Telephone:				
Address:				
City:		State:	Zip:	
This authorization will remain in effectis sent to the Department you currently			g or an update	d form changing information
AUTHORIZED SIGNATURE:				
Print Name:	Title:		Date:	
Form forwarded to Commonwealth De				
	Linda K. Franklin 1234 Main Street Anystown, Us. 12345		1027	
		DATE	90-2965/1211	
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Final	NOW INSTITUTION	ABBERRY	onas Diriti	

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