



HCV/STEP - ACH Transfer/Deposit – Mandatory

- **Please note: Direct Deposit is required to receive payment.**
- **Please include a void check (*not* a deposit slip) - thank you!**

Directions:

- To sign up for Direct Deposit, please complete Sections 1 and 2 and return this form to Maine State Housing Authority at the address below.
- Payees must notify Maine State Housing Authority of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (must match IRS Form 1099)	B TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ADDRESS (street, route, P.O. Box, APO/FPO)	C DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>
CITY STATE ZIP CODE	Maine State Housing Authority 26 Edison Drive Augusta, ME 04330 Phone (207) 626-4600 Fax (207) 624-5713 Attn: HCV Program
TELEPHONE NUMBER AREA CODE	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I will receive IRS form 1099 and am entitled to the payment and that In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	
SIGNATURE DATE	
SIGNATURE DATE	

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER Check Digit <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>
	DEPOSITOR ACCOUNT NAME (will not receive IRS Form 1099 if different from box A)

Your Email: _____

SECTION 3 (FOR OFFICE USE ONLY)

RECEIVED BY (INT)/ DATE	ENTERED BY (INT)/ DATE	MONTH OF FIRST ELECTRONIC TRANSFER	
DATE PRE-NOTED IN KTT	PRE-NOTE EXP DATE	NEW OR UPDATE	ACH ID#