**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  CHECKING  SAVINGS |
| ADDRESS (street, route, P.O. Box, APO/FPO) | | **C** DEPOSITOR ACCOUNT NUMBER |
| 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 |
| 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# |