**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 Authority26 Edison DriveAugusta, ME 04330Phone (207) 626-4600Fax (207) 624-5713Attn: HCV Program |
|  TELEPHONE NUMBER AREA CODE |
| PAYEE/JOINT PAYEE CERTIFICATIONI 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# |