

Email completed form to our secure email GADCSC@marylandtaxes.gov. See instructions on Page 2.

NEW

CHANGE

CANCEL

FORM WITH INCOMPLETE FIELDS WILL BE RETURNED. Form will NOT be processed without account verification. Vendor must submit a VOIDED check or BANK letter with completed form. No starter checks, sample checks, counter checks, or deposit tickets accepted.

RECIPIENT INFORMATION - REQUIRED

Enter (no hyphens) your Tax Identification Number (TIN) below, either your social security number (SSN) **OR** employer identification number (EIN), not both. Use the **one** that you currently get paid under by the State of Maryland.

1. SSN:

OR

EIN:

2. Legal Name:

3. Email address:

4. Street Address/PO Box:

City:

State:

ZIP:

5. Name of Person Filling Out Form:

6. Title:

7. Direct Phone Number:

Ext.

8. Business Phone Number:

Ext.

FINANCIAL INSTITUTION INFORMATION - REQUIRED

9. Bank Name:

10. Bank Phone Number:

Ext.:

Bank Email Address:

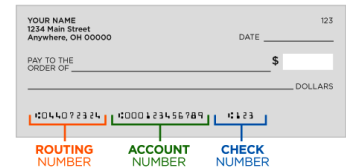
11. Account Type:

Checking

Savings

12. Bank Routing Number:

13. Bank Account Number:



YOUR NAME
1234 Main Street
Anytown, OH 00000

DATE 12/3

PAY TO THE ORDER OF \$

DOLLARS

ROUTING NUMBER: 123456789

ACCOUNT NUMBER: 123456789

CHECK NUMBER: 123

Enter your old banking information *only* if you are changing or cancelling your ACH:

14. Old Bank Routing Number:

15. Old Bank Account Number:

16. Attached with this completed form (choose one):

Voided Check - starter checks, counter checks, sample checks and deposit tickets are NOT acceptable. Address on voided check must match address on this form. If it doesn't, include a W-9 and most recent bank statement with this form.

Bank Letter - letter hand signed or with a verifiable digital signature by a bank representative confirming account name, account number, and ABA routing number.

17. How do you want Invoice Information to show on your Bank Statement?

Vendor is responsible for any fees charged by your financial institution

Standard format - CCD+ (**DEFAULT**) Example: "State of Maryland"

Detailed format - CTX* (multiple detail lines) Example: "State of Maryland and Invoice Information"

Detailed format - EDI* (full detail) Example: "State of Maryland and Invoice Information"

18. AUTHORIZATION BY VENDOR (or Vendor Representative) - REQUIRED

I hereby certify that I am authorized to make the representations contained in this paragraph. I authorize the Comptroller and the Treasurer of Maryland to register the payee for automated clearing house (ACH) using the information contained in this registration form. I agree to receive all vendor payments from the State of Maryland by electronic funds transfer according to the terms of the ACH program. I agree to return to the State of Maryland any ACH payment incorrectly disbursed by the State of Maryland. I agree to hold harmless the State of Maryland and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above.

Printed Name:

Title:

Authorized Vendor Signature:

Date:

GAD Input By:

GAD Reviewed By:

STO Input By:

STO Reviewed By:

INSTRUCTIONS FOR COMPLETING STATE OF MARYLAND ACH/DIRECT DEPOSIT AUTHORIZATION FORM

Only use this form if...

You are a vendor that is required to receive ACH/Direct Deposit payments or a vendor that receives paper checks now and wants ACH/Direct Deposit.

GENERAL INSTRUCTIONS:

Please type or print clearly. **Only the owner of the bank account or an authorized company official** can make an ACH/Direct Deposit request.

NEW: Select this if you are a vendor being paid by the State of Maryland by check and would like to get paid by ACH/direct deposit. *Student refunds, Lottery payments, DORS payments, Renters tax credits, and Restitution payments are **NOT** eligible for ACH.*

CHANGE: Select this if you wish to change the bank account where your payments are sent. Do not close your old bank account until electronic payments are received in your new account.

CANCEL: Select this if you want to cancel (revoke) your prior ACH/Direct Deposit Authorization.

Online credit cards are NOT eligible for ACH transfer.

Recipient Information	Instructions
1. SSN/EIN (no hyphens)	Enter the Social Security Number (SSN) or the Employer Identification Number (EIN) registered with the IRS. Enter the one which the State of Maryland uses to pay you currently.
2. Legal Name	Enter the legal name of the individual or business, as registered with the IRS.
3. Email address	Enter an email address where we can contact you for questions with this form.
4. Address, City, State ZIP	Enter the street address or post office box, city, state & ZIP to where the payment information should be sent (e.g. remit address).
5. Name of person filling out form	Enter the name of the person to contact for any questions relating to this form.
6. Title	Enter the title of the person completing this form. If it's yourself, enter Self.
7. Direct Phone Number/Ext	Enter the telephone number/extension where we can contact you directly.
8. Business Phone Number/Ext	Enter the business phone number and extension, if applicable. If you are an individual, enter your direct phone number again.
Financial Institution Information	Instructions
9. Bank Name	Enter the name of the financial institution (bank, credit union, savings & loan, etc.).
10. Bank Phone Number/Ext and Email	Enter the phone number & email of your financial institution in case we need to contact them.
11. Account Type	Select ONE account type, either checking or savings.
12. Bank Routing Number	The routing number is the nine (9) digit bank identification number at the bottom of your check. If you are unsure, contact your financial institution.
13. Bank Account Number	Enter the account number into which your payment will be transferred. If you are unsure, contact your financial institution.
14. Old Bank Routing Number*	Enter ONLY IF you are changing your bank information or canceling your direct deposit.
15. Old Bank Account Number*	Enter ONLY IF you are changing your bank information or canceling your direct deposit.
16. Voided Check or Bank Letter	Attach either a Voided Check (with address) OR a letter from your financial institution to this form.
17. Invoice Information	Select the amount of detail you want on your bank statement. The standard default will say "State of Maryland". Contact your financial institution for more information on the other formats, and if there are fees associated with it.
18. Authorized by Vendor, Signature and Date	Print or type vendor name. The vendor or authorized representative must sign & date the form.

Please send completed form and documentation to:

Secure email (preferred): GADCSC@marylandtaxes.gov

Fax (410) 974-2309

Postal Mail: State of Maryland
Comptroller of Maryland
ACH Registration
General Accounting Division, Room 205
P.O. Box 746
Annapolis, MD 21404-0746

Questions? Please contact Vendor Services:

Email: GADCSC@marylandtaxes.gov

Phone: 410-260-7813 or toll free at 888-784-0144