



Finance Section: Vendor # _____ Date _____
Attached ___ Class ___ PA ___ Email Notification ___
Added By _____ Reviewed By _____

Direct Deposit Authorization Form

Deposit Account Holder Information- **Account must be in Transportation Provider or Driver's Name**

Full Name Listed on Deposit Account _____

Mailing Address _____

Telephone _____ Email Address for Deposit Notification _____

Direct Deposit Account Information- No Previous Direct Deposit Changes to Existing

Name of Financial Institution _____

Routing Number _____ Checking or Savings Account

Account Number _____ Verified with Bank or Check Attached

Signed Authorization Agreement

I hereby authorize Mid-Coast Connector to initiate automatic deposits to my account at the financial institution named above.

Further, I agree not to hold Mid-Coast Connector responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

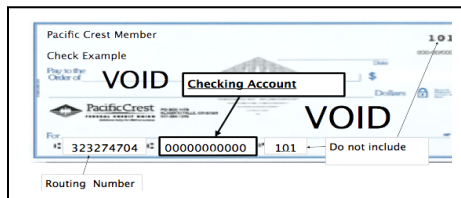
This agreement will remain in effect until Mid-Coast Connector receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Holder Signature _____ **Date** _____

To receive payment by electronic funds transfer, please attach a voided check, and mail it along with this document to the address listed below or drop it off at one of our locations. Do not email this form for security reasons.

Form Questions:
T (855)930-7900 Option 4

Mail Form To:
MidCoast Connector
9 Field St Suite 201
Belfast, ME 04915



Place Check Copy Here