



**Finance Section:**

Vendor Name: \_\_\_\_\_  
Vendor Number: \_\_\_\_\_ Date Added \_\_\_\_\_  
Class Chgd to Electronic \_\_\_ PA Box Ckd \_\_\_ Email Ckd \_\_\_  
Initials Finance Add: \_\_\_\_\_ Initials Reviewed \_\_\_\_\_

**Account Information**

Bank Account Holders Full Name  
**(Must Be Provider or Driver)** \_\_\_\_\_

Account Holders Telephone # \_\_\_\_\_  Not Previously Set up for DD  
 Direct Deposit Changes

Name of Financial Institution \_\_\_\_\_  Checking or  Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Verified With Bank  Yes  No

MaineCare Member Name(s) \_\_\_\_\_

**Signed Authorization Agreement**

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

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:** \_\_\_\_\_

**Form Instructions**

This request is an option for all provider of rides and other drivers. To be paid 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 Opt 5

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

