State of Maryland
Comptroller of Maryland

Vendor Electronic Funds Transfer (EFT) Registration Request Form

Date of request _____

Business identification information (Address to be used in case of default to check):

Business name _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip code ☐☐☐☐☐ ☐☐☐☐

Taxpayer identification number:

Federal Employer Identification Number: ☐☐ ☐☐☐☐☐☐☐

(or) Social Security Number: ☐☐☐ ☐☐ ☐☐☐☐

Business contact name, title, e-mail and phone number including area code. (And address if different from above):

_____

_____

_____

Financial institution information:

Name and address _____

_____

Contact name, phone number (include area code), _____

_____

ABA number ☐☐☐☐☐☐☐☐☐

Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account type ☐ Checking ☐ Money Market ☐ Savings

Format Desired: _____CCD _____CCD+ _____CTX* (Check one.)

***Note – There may be a charge to you by your bank with this format.**

A <u>VOIDED CHECK</u> from the bank account must be attached.

(OVER)

Transaction requested:

1. ___ Initiate all disbursements via EFT to the above account.

2. ___ Discontinue disbursements via EFT, effective _____

3. ___ Change the bank account to above information – a copy of the approved Registration Form for the previous bank account must be attached.

I am authorized by * _____ (hereinafter Company) to make the representations contained in this paragraph. Company authorizes the Comptroller and the Treasurer of Maryland to register it for electronic funds transfer (EFT) using the information contained in this registration form. Company agrees to receive all funds from the State of Maryland by electronic funds transfer according to the terms of the EFT program. Company agrees to return to the State of Maryland any EFT payment incorrectly disbursed by the State of Maryland to the Company's account. Company agrees 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hold harmless the State of Maryland and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above.

*Name of registering business entity

_____

Signature of company treasurer, controller, or chief financial officer and date

Completed by GAD/STO

Date Received _____

GAD registration information verified _____ Date to STO_____

STO registration information verified _____ Date to GAD_____

R*STARS Vendor No. and Mail Code Assigned:

_____ _____

_____ _____

State Treasurer's Office approval date General Accounting Division approval date

To Requestor:

Please retain a copy of this form for your records. Please allow approximately 30 days from the date of your request for the Comptroller's and Treasurer's Offices to process your request. Failure to maintain current information with this office could result in errors in payment processing. If you have any questions, please call the EFT registration desk at 410-260-7375.

Please submit form to: EFT Registration, General Accounting Division
Room 205, P.O. Box 746
Annapolis, Maryland 21404-0746

Instructions: Electronic Funds Transfer instructions are located: http://compnet.comp.state.md.us/gad. Questions may be requested by email, gad@comp.state.md.us. Or call 1-888-784-0144.
COT/GAD X-10