FIA/FPM 13-001 S

Attachment E

**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 or Individual’s Name: | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Address line 1 | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Address line 2 | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | State: | | |  | | Zip: | |  | +4: |  |
|  | | | | | | | | | | | | | | | | | |
| **Taxpayer identification number:** | | | | | | | | | | | | | | | | | |
| **Federal Employer Identification Number (or) Social Security Number:** | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Daytime contact information: name, title, e-mail and phone number including area code: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Bank or Credit Union Information:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Contact phone number (include area code): | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ABA (routing) Number: | | | | |  | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |
| Account Number: | | | | |  | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | | | | |
| Account Type: | | | | |  | Checking | | |  | Savings | | | | | | | |
|  | | | | |  | | | | | | | | | | | | |
| **Format Desired, Check one:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | **CCD+** (gives standard description line: “State of Maryland”) | | | | | | | | | | | | | | | |
|  | | **CTX\*** (multiple detail lines) | | | | | | |  | | | **EDI\*** (full detail) | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **\*Note – There may be a charge to you by your bank with this format. You must contact your bank to receive this format.** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **A VOIDED CHECK or a signed letter from the bank confirming the account number must be attached. Starter checks are not acceptable. Online credit cards are not eligible for ACH transfers.**  **Please note: Student Refunds, Lottery payments, and Restitution payments are NOT eligible for EFT.** | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Transaction requested:** | | |
|  | | |
|  | Initiate all disbursements via EFT to the above account. | |
|  | | |
|  | Discontinue disbursements via EFT | |
|  | | |
|  | Change the bank account to above information | |
|  | | |
| I am authorized by (print name of registering vendor) | |  |
| (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 vendor payments 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. | | |

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

**Completed by GAD/STO**

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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 410-260-7813 or 888-784-0144 toll-free.

**Please submit form to:** EFT Registration, General Accounting Division

Room 205, P.O. Box 746

Annapolis, Maryland 21404-0746

(or) Fax: 410-974-2309

Instructions: Electronic Funds Transfer instructions are located: **http://compnet.comp.state.md.us/General\_Accounting\_Division/Vendors**

Questions may be requested by email, [**gad@comp.state.md.us**](mailto:gad@comp.state.md.us). Or call 1-888-784-0144.

**To research the status of a payment:**

[**www.marylandtaxes.com**](http://www.marylandtaxes.com) > Online Services > General Accounting Services > Vendor Payment Inquiry.