



**STATE OF MARYLAND
ACH/DIRECT DEPOSIT AUTHORIZATION
FOR VENDOR PAYMENTS**

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

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.

	NEW	CHANGE/UPDATE	CANCEL	
Payee Information	1. SSN or EIN (no hyphens)			
	2. Payee Name		3. Email address	
	4. Remittance Address: 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.
	New Bank Information	9. Bank Name		
10. Bank Phone Number		Ext. Bank Email Address		
11. Account Type		Checking Savings		
12. Bank Routing Number		13. Bank Account Number		
Prior Bank Information	Enter your old banking information <u>only</u> if you are <u>changing or canceling</u> your ACH:			
	14. Old Account Type		Checking Savings	
	15. Old Bank Routing Number		16. Old Bank Acct Number	

17. 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.

18. 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"

19. 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:	STO Input By:
GAD Reviewed 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/UPDATE: 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.

Payee Information	Instructions
1. SSN/EIN (no hyphens)	Enter your Social Security Number (SSN) or the Employer Identification Number (EIN). Enter the one which the State of Maryland uses to pay you currently.
2. Payee Name	Enter the name of the individual or business that will be paid.
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. remittance 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.
Bank Information	Instructions
9. Bank Name	Enter the name of your 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 Account Type	Select ONLY IF you are changing your bank information or canceling your direct deposit.
15. Old Bank Routing Number*	Enter ONLY IF you are changing your bank information or canceling your direct deposit.
16. Old Bank Account Number*	Enter ONLY IF you are changing your bank information or canceling your direct deposit.
17. Voided Check or Bank Letter	Attach either a Voided Check (with address) OR a signed letter from your financial institution to this form.
18. 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 any fees associated with it.
19. 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): GADACH@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: GADACH@marylandtaxes.gov

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