

**COMMONWEALTH OF MASSACHUSETTS**

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER PAYMENTS (EFT)**

“I, \_\_\_\_\_,  
hereby authorize the Commonwealth of Massachusetts, through the State Treasurer, to deposit  
funds due into the account at the bank named below.

The State Treasure is also authorized to debit my account only to adjust any over deposit  
which it has caused to be made to my account.”

**PAYEE BANK INFORMATION:**

Payee Bank Name: \_\_\_\_\_

Payee Bank Transit Routing Number: \_\_\_\_ \_

Payee Bank Account Number: \_\_\_\_\_

Payee Check Account Type: \_\_\_\_ Checking Acct. (attach voided check) \_\_\_\_ Savings Acct.

**PAYEE INFORMATION:**

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

This authorization will remain in effect until either canceled in writing or an updated form  
changing information is sent to:

**One Ashburton Place, Room 901  
Boston, MA 02108**

AUTHORIZED SIGNATURE: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_