



## Direct Deposit Agreement Form

### Account Information

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

Name of Financial Institution \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking or  Savings

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

### 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.

Authorized Account Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Form Instructions

This request is an option for all providers of rides and all other drivers. To be paid by electronic funds transfer, please attach a voided check and mail it along with this document, to the address at the bottom of this document or send via email to [ap@midcoastconnector.org](mailto:ap@midcoastconnector.org).

#### Form Questions

Email [ap@midcoastconnector.org](mailto:ap@midcoastconnector.org)

T (207) 930-7311

T (207) 930-7312

To Schedule a Mid-Coast Connector Ride

T (855)930-7900

