Instructions for Completing the *Michigan Department of Treasury 3636A*

A. **Type of authorization**: Place a checkmark beside the type of authorization desired.

- New: If establishing the bank account for the first time;
- Change: If making a change to an already established bank account; or
- Cancellation: If wanting to remove authorizations to the established bank account.

B. **The number below is**: Place a checkmark beside "Federal Employer ID No. (FEIN)."

1. **Payee Name**: Enter the name of the FOC office.
2. **SSN, FEIN, or ITIN**: Enter the FEIN for the FOC office.
3. **Mailing Address (Street or RR#):** Enter the street address, RR#, or post office box used to receive FOC mail.
4. **City, State, ZIP Code**: Enter the city, state, and ZIP code for the FOC office that corresponds with the mailing address information entered in 3 above.
5. **Name and Title of Contact Person:** Enter the name of the county MAIN contact person or FOC staff person to be contacted regarding any issues pertaining to the bank account information specified in 12 below.
6. **E-mail Address**: Enter the e-mail address to receive notification of a deposit made to the FOC bank account. The Department of Technology, Management & Budget recommends that the e-mail address be that of the person who has access to the C&PE Web site, either with the primary or secondary ID.
7. **Daytime Telephone Number**: Enter the daytime telephone number that corresponds to the contact person entered in 5 above.
8. **Financial Institution Name**: Enter the name of the financial institution that maintains the FOC bank account.
9. **Routing Transit Number**: Enter the routing number that corresponds to the financial institution entered in 8 above.
10. **Financial Institution Telephone Number**: Enter the telephone number that corresponds to the financial institution entered in 8 above.
11. **Account Holder's Name(s):** Enter the account holder's name that is specified on the FOC bank account.
12. **Account Number for Deposit of Electronic Funds Transfer:** Enter the account number of the FOC bank account to be used for electronic funds transfer.
13. **Account Type (Select one only):** Place a checkmark beside the type of account entered in 12 above.

- Checking; or

- Savings.

14. **Account Indicator**: Place a checkmark beside the account indicator.

    - Consumer; or
    - Commercial.

15. **Print or Type Name of Payee or Payee's Authorized Signatory**: Print or type the name of the FOC staff member who has authorization to withdraw funds from the FOC bank account entered in 12 above.
16. **Title of Authorized Signatory**: Enter the title that corresponds to the name entered in 15 above.
17. **Signature of Payee or Payee's Authorized Signatory**: The person or his/her authorized signatory entered in 15 above must sign his/her name here.
18. **Date**: Enter the date the payee's or his/her authorized signatory's signature is obtained in 17 above.
19. **Signature of Secondary Signatory(s)**: If more than one signature is required to authorize the withdrawal of funds, the second authorized person signs here.
20. **Date**: Enter the date the secondary signatory's signature is obtained in 19 above.