

INSTRUCTIONS FOR REQUESTING PAYMENTS ELECTRONICALLY

Thank you for your interest in the Comptroller's Electronic Fund Transfer, ACH (EFT) Program. Attached please find the Electronic Fund Transfer ACH (EFT) Election Form.

Please provide a completed Form W-9 (Request for Taxpayer Identification Number and Certification). This is a federal form that certifies the Taxpayer Identification Number (Federal Employer Identification Number or Social Security Number). This form allows us to make sure the information recorded in our Vendor File is correct. You may access a fillable version of the form at www.irs.gov/pub/irs-pdf/fw9.pdf.

If the account type is a checking account, attach a voided check to the ACH Election form. For savings accounts attach a preprinted deposit slip.

Keep a copy of the ACH (EFT) election form for your records. You must inform the Vendor File Supervisor of any changes to the information provided in writing to the below address or by email to osc.apdvf@po.state.ct.us. Please return completed forms to:

**Office of the State Comptroller
Accounts Payable Division/Vendor File Section
55 Elm Street
Hartford, CT 06106-1775**

If you choose to participate in this program:

- You must submit a signed copy of this form. No substitutions, altered forms or internal company forms will be accepted.
- Upon approval, **all** vendor payments to you from the State of Connecticut that are issued by the Office of the State Comptroller will be deposited electronically to the bank account you designate.
- Remittance information may be viewed by accessing our accounting system through Vendor Self-Serve (VSS). Please visit our VSS website at www.osc.ct.gov/apd/vss for information on the VSS system. When we receive your completed ACH(EFT) Election form we will contact you regarding a User ID and password for VSS. Additionally, your financial institution may provide you with addenda information at the time of deposit. Contact your financial institution for more information on receiving electronic addenda.
- Your financial institution's ability to receive payments from us and properly credit your account will be verified with the transmission of a test transaction to your account. You will receive further instructions on how to validate your ACH (EFT) test transaction. Failure to follow these instructions may delay your participation in this program. Once you have confirmed receipt of all test data, including accessing the remittance information in VSS, please contact the Vendor File Supervisor at (860) 702-3411 or by e-mail at osc.apdvf@po.state.ct.us
- Changes to your bank account information can only be authorized by the individuals listed on the ACH (EFT) election form. To request changes to the authorized individuals please contact the Vendor File Supervisor at osc.apdvf@po.state.ct.us.
- When contacting us by email, always include ACH(EFT) in the subject line.

Thank you for your interest in this program.

e-mail questions to osc.apdvf@po.state.ct.us

Part 1 Vendor Information

Business Name: _____ FEIN/SSN# _____

Contact Name: _____ Tel. # (____) _____ ext _____

Title: _____ Fax # _____

Address: _____

City: _____ State: _____ Zip: _____

Contact E-Mail: _____

Vendor Self-Serve (VSS) contact email(s): _____

Please list below the name of the individual(s) who are authorized to make changes to the bank account information.

Name (____) Phone - Email Address

Name (____) Phone - Email Address

Part 2 Account Information

Bank Name: _____

Routing & Transit #:(ABA#):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type:

- Checking Savings
 DDA Checking DDA Savings

Account #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I hereby authorize the State of Connecticut (hereinafter “State”) to electronically deposit any payments made through the Office of the State Comptroller’s Accounts Payable Division to the bank account specified above. This authorization is to remain in full force and effect until the State has received written notification from me of its termination in such time and manner as to afford the State and the bank named above a reasonable opportunity to act upon it. In the event that the State notifies the bank that funds have been deposited to the company’s account in error, I hereby authorize the State of Connecticut Office of the Treasurer to initiate a reversal of the payment in accordance with National Automated Clearing House Association (NACHA) regulations and direct the bank to return said funds to the State as soon as possible. In the event that for any reason, the bank is unable to return said funds to the State, I hereby authorize the State to recover those funds by any of the following methods: (1) deducting the amount of said funds from any future payments from the State until the amount of erroneous deposit has been recovered in full; (2) making written demand on the company for return of said funds, in which case the company hereby agrees to return said funds in full to the State within two (2) weeks of receipt of such written demand; or (3) any combination of methods (1) and (2) above. The company further agrees that if such funds are not repaid to the State, the company will be liable for all costs of collection, including reasonable attorneys’ fees incurred by the State in the collection of such funds, together with the maximum interest permitted by law.

I have read, understand, and agree to the above statement.

Signature: _____ Date: _____

Return this form with a completed Form W-9 and a voided check or preprinted deposit slip to:
Office of the State Comptroller, Accounts Payable Division/Vendor File Section, 55 Elm St., Hartford, CT 06106-1775.