

## INSTRUCTIONS FOR REQUESTING PAYMENTS ELECTRONICALLY

Thank you for your interest in the Comptroller's Vendor Direct Deposit (ACH) Program. Attached please find the Vendor Direct Deposit (ACH) Election Form for companies.

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 current. You may access a fillable version of the form at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf).

If the account type is a checking account, attach a voided check to the Vendor Direct Deposit (ACH) Election form. For accounts which you do not write checks from please include a letter from your bank which shows the ABA routing number, account number, and the name(s) on the account.

Keep a copy of the Vendor Direct Deposit (ACH) Election Form for your records. You must inform the ACH/VSS Unit of any changes to the information provided in writing to the below address or by email to [osc.apdvf@ct.gov](mailto:osc.apdvf@ct.gov). Please return completed forms to:

**Office of the State Comptroller  
Accounts Payable Division ACH/VSS Unit  
165 Capitol Avenue 3<sup>rd</sup> Floor  
Hartford, CT 06106-1775**

If you choose to participate in this program:

- Altered forms will not be accepted. You must submit a signed copy of this form along with a signed W-9 and one form of account verification (Voided Check, Deposit Slip, Bank Letter).
- Upon approval, **all** vendor payments to you from the State of Connecticut that are issued by the Office of the State Comptroller Accounts Payable Division 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 website at [www.osc.ct.gov/vendor](http://www.osc.ct.gov/vendor) for information on the VSS system. When we receive your completed Vendor Direct Deposit (ACH) 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. Further instructions will be sent to the contact email you list in the form's VSS field. They will describe 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 ACH/VSS Unit at (860) 702-3397 or by email at [osc.apdvf@ct.gov](mailto:osc.apdvf@ct.gov).
- Changes to your bank account information can only be authorized by the individuals listed on the Vendor Direct Deposit (ACH) Election Form. To request changes to the authorized individuals please contact the ACH/VSS Unit at [osc.apdvf@ct.gov](mailto:osc.apdvf@ct.gov).
- To process a change to your destination account number or financial institution you will need to submit another application package with the new information. Changes can take up to a week from the receipt of the form. To stop payment to a closed account immediately contact the ACH/VSS Unit by email at [osc.apdvf@ct.gov](mailto:osc.apdvf@ct.gov).
- When contacting us by email, always include ACH(EFT) in the subject line.

Thank you for your interest in this program.

email questions to [osc.apdvf@ct.gov](mailto:osc.apdvf@ct.gov)

**Part 1 Vendor Information**

Business Name: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
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#): \_\_\_\_\_  

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Account #: \_\_\_\_\_

Account Type:  
 Checking     DDA Checking  
 Savings     DDA Savings  
 Money Market Savings Account

Account Change

If you are already enrolled and are changing accounts enter the last four digits of the old account below.

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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: \_\_\_\_\_