

## 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](http://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](mailto: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**

If you choose to participate in this program:

- 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.state.ct.us/apd/vss](http://www.osc.state.ct.us/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](mailto: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](mailto: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.

