



ACH Transaction Authorization Form

Authorization to initiate transactions via ACH with financial institution

Bank Account Information: Account from which funds will be **deposited** into or **withdrawn** from STIF account. The bank account must be authorized to receive funds on your investor registration forms.

STIF Account Number: _____

Financial Institution _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Account Name _____

Account Number _____

Bank Routing Transit # _____

Further Credit Name (if applicable) _____

Further Credit Account Number (if applicable) _____

Authorized Signature

1. _____

Signature

Print Name

2. _____

Signature

Print Name

Please note that the individuals requesting these services must be authorized to make STIF transactions on your current participant data sheet.

IMPORTANT INFORMATION ABOUT ACH

1. Not all banks participate in ACH transactions, if your financial institution does not participate, you will not be eligible for this service.
2. Your financial institution must be a member of the Automated Clearing House (ACH) to use this service.
3. You will not be able to utilize the ACH services for ten (10) business days after application.
4. **WIRE INSTRUCTIONS AND ACH INSTRUCTION MAY OR MAY NOT DIFFER. IT IS IMPORTANT TO ASK YOUR FINANCIAL INSTITUTION IF THERE ARE DIFFERENT INSTRUCTIONS.**
5. We will send a pre-notification to your financial institution to test the ACH instructions. If there is an error in the instructions, we will notify you by letter.

Please complete this form and mail it to:

Connecticut State Treasurer's Office
Short-Term Investment Fund
55 Elm Street, 6th Floor
Hartford, CT 06106