



STATE OF CONNECTICUT – DEPARTMENT OF SOCIAL SERVICES

DIRECT DEPOSIT AUTHORIZATION FORM

Instructions

W-682 (Rev. 1/23)

To sign up for direct deposit, please fill in the information requested below and sign and date this form where indicated. Please return this form with a voided personal check as proof of your account. If you do not have a personal check for this bank account, you may return this form with other proof of your account, such as a bank statement.

The bank account used to directly deposit your benefit payments must be in your name. If you are asking for direct deposit into a joint bank account, the joint account holder must also sign and date where indicated below. You and any joint account holder must read the back of this form. It has important information about direct deposit, including how to locate your bank account and routing numbers on a personal check. When you have completed this form, please mail it and proof of your account to:

Department of Social Services Scanning Center
PO Box 1320
Manchester, CT 06045

Form with fields for: Type of Transaction, Name of Client, City, State, Zip, Address, Telephone Number, Type of Depositor Account, Is this bank account in the client's name?, Depositor Account Number, Depositor Routing Number, Name of Financial Institution, Client Certification, Joint Account Holder's Certification, Signature, Date.



Please Read This Carefully

The information on this form will be used to process payment data from the Department of Social Services (DSS) to the named financial institution and/or its agent. **If you do not provide all of the requested information, or if you provide inaccurate information, we may not be able to process your direct deposit request. This may cause your benefit payment to be delayed.**

Locating Account and Routing Numbers

The depositor account and routing numbers requested on the front of this form can be found on a personal check.

NAME ADDRESS CITY, STATE ZIP 0123
01-23456789

DATE

PAY TO THE ORDER OF \$

BANK NAME ADDRESS CITY, STATE ZIP DOLLARS

FOR

01234567890123 01234567890123 0123

Routing Number Account Number

Access to Benefits After Direct Deposit

Once DSS electronically deposits a benefit payment into your account, any problem you have accessing the funds must be resolved through your financial institution. **All questions you have about access to these funds must be addressed to your financial institution.**

Special Notice to Joint Account Holders

Joint account holders should immediately tell both DSS and the financial institution of the death of the client. Funds deposited after the client dies or becomes ineligible for benefits must be returned to DSS. If you are a joint account holder, by signing the front of this form you provide your irrevocable consent to have the financial institution return any improperly deposited funds to DSS upon DSS' request. The financial institution will be held harmless by DSS for any claim arising in connection with such a request.

Cancellation

You may cancel this direct-deposit authorization at any time by sending us written notice of your desire to do so. This direct-deposit authorization will be cancelled if eligibility for benefits ends or if the client dies. The direct-deposit authorization will be deemed cancelled if your account in the financial institution is closed. **If you close your account, you must immediately notify us. If you do not, your benefit payments may be delayed.**

Changing Financial Institutions

If you wish to change the financial institution that receives direct deposit of your benefits, you must notify DSS. You will be required to complete a new copy of this form for the newly selected financial institution. **It is recommended that you maintain both accounts at both financial institutions until the transition is complete. Once you begin receiving direct deposits at the new financial institution, you can close your old account.**

False Statements or Fraudulent Claims

State law provides a fine of not more than \$2,000, or imprisonment for not more than one (1) year, or both for giving false information in connection with electronic transfer of funds. (CGS Sec. 53a-157b)

Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524.
Persons who are blind or visually impaired can contact DSS at 1-860-424-5040.

