



ACH Transaction Authorization Form

Authorization for STIF withdrawals to financial institution

Bank Account Information: Account from which funds will be deposited upon their withdrawal from STIF account. The bank account must be authorized to receive funds on your investor registration forms.

Bank Name: _____ **Bank Account Number:** _____

Bank Account Name: _____ **ABA #:** _____

STIF Account Number: _____

Authorization for STIF deposit from financial institution

Bank Account Information: Account from which funds will be withdrawn and deposited to your STIF account.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

Bank Name: _____ **Bank Account Number:** _____

Bank Account Name: _____ **ABA #:** _____

STIF Account Number: _____

Note: You may apply for one or both of the ACH choices listed above. If available, attaching a copy of a voided check will help to properly set up your ACH instruction.

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