

**STATE OF CONNECTICUT - DEPARTMENT OF CHILDREN AND FAMILIES**  
**DIRECT DEPOSIT - AUTHORIZATION FORM**

**INSTRUCTIONS** - To sign up for direct deposit, please read the enclosed instructions carefully and **fill in all the information requested in Section: 1.** Take or mail this form to your financial institution. The financial institution will verify the information in Section 1, and will complete Section: 2. If unable to have Section: 2 completed by your financial institution, depending on the type of account, please include the required verification documents listed in Section: 3. Please email or scan the completed form with all required documentation to Amy Carrillo at: [DCF.PROVIDERDIRECTDEPOSIT@ct.gov](mailto:DCF.PROVIDERDIRECTDEPOSIT@ct.gov)

<b>SECTION:1 (TO BE COMPLETED BY THE PAYEE)</b>		TYPE OF TRANSACTION: <input type="checkbox"/> New <input type="checkbox"/> Change	
NAME OF PAYEE (Last, First, Middle Initial)		HOME TELEPHONE NUMBER	
ADDRESS (Street, P.O. Box)		_____ - _____ - _____	
CITY	STATE	ZIP	DAY TIME TELEPHONE NUMBER
DEPOSITOR ACCOUNT NUMBER		TYPE OF DEPOSITOR ACCOUNT	
_____		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Personal Account <input type="checkbox"/> Corporate Account	
PAYEE CERTIFICATION		JOINT ACCOUNT HOLDER'S CERTIFICATION	
I certify that I am entitled to Department of Children and Families benefits and I have read the enclosed letter. In signing this form I authorize my benefit payments to be sent to the financial institution named below to be deposited to the designated account. I also authorize DCF to adjust any deposit made in error.		I certify that I agree to the provisions of this form <b>(DCF Foster Parent Provider Parent 2 must sign)</b>	
_____	_____	_____	_____
SIGNATURE	DATE	SIGNATURE	DATE

<b>SECTION:2 For Verification of Checking or Savings Account (TO BE COMPLETED BY FINANCIAL INSTITUTION)</b>			
FINANCIAL INSTITUTION- NAME AND ADDRESS		ROUTING NUMBER	
_____		_____	
_____		NAME(S) ON DEPOSITOR ACCOUNT:	
_____		_____	
<p align="center"><b>FINANCIAL INSTITUTION CERTIFICATION</b></p> <p><i>I confirm the identity of the above-named client(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit Department of Children and Families benefit payments in accordance with CFS Chapter 665a Part I and II.</i></p>			
_____	_____	_____	_____
REPRESENTATIVE NAME (print)	REPRESENTATIVE SIGNATURE	TELEPHONE NUMBER	DATE

<b>SECTION:3 Required Documentation if Unable to Receive Financial Institution Certification. MUST match with information above</b>	
<b>Checking Account:</b>	<b>Savings Account:</b>
1. Copy of voided check with Payee's name and current address shown <b>AND</b> ; 2. Picture of drivers license with same name and address as it appears on the voided check.	1. Copy of bank statement with <b>transaction information removed</b> . The Payee's name and current address, financial institution's name, and account number must be shown on statement, <b>AND</b> ; 2. Picture of drivers license with same name and address as it appears on the savings account statement.

<b>SECTION:4 (TO BE COMPLETED BY DEPARTMENT OF CHILDREN AND FAMILIES REPRESENTATIVE)</b>	
PROVIDER NUMBER: _____	<b><u>Received</u></b>
DATE OF LINK ENTRY: _____	
ENTERED BY: _____	