



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
VENDOR DIRECT DEPOSIT FORM

W-260 (New 3/18)

Submit to: Department of Social Services  
Benefits Accounting  
55 Farmington Ave 12<sup>th</sup> Floor  
Hartford, CT 06105  
Fax 860-424-4962

NEW ENROLLEE  
CHANGE OF FINANCIAL INSTITUTION OR ACCOUNT  
DISCONTINUE DIRECT DEPOSIT

**VENDOR INFORMATION**

Vendor FEIN/SS  
(Please Include IRS W-9 Form) \_\_\_\_\_

Vendor/Business Name \_\_\_\_\_

DBA NAME \_\_\_\_\_

Vendor Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Vendor City, State, Zip code \_\_\_\_\_

**VENDOR BANK INFORMATION Direct Deposit**

Vendor Bank Name \_\_\_\_\_

Vendor Bank Account Type (Checking or Savings) \_\_\_\_\_

Vendor Bank Account Number \_\_\_\_\_

Vendor Bank Routing and Transit Number \_\_\_\_\_

I understand I am responsible for the validity of the information stated above. I hereby authorize the Connecticut Department of Social Services (DSS) to initiate electronic deposits to the bank account specified on this form. I further authorize DSS to initiate debit entries as adjustments for credit entries made in error. In the event that, for any reason, the bank is unable to return funds deposited in error to DSS, I hereby authorize DSS to recover those funds by deducting the amount of said funds from any future payments. I understand that DSS may alternatively request return of said funds in writing, and agree to return said funds within two (2) weeks of receipt of such a request. I further agree that if such funds are not repaid to DSS, I will be liable for all costs of collection. I understand that this direct-deposit authorization will remain in full force and effect until DSS receives written notification from me or an authorized officer of my organization of its termination. Such notification must be provided in such a time and manner as to afford DSS a reasonable opportunity to act upon it. Neither DSS nor the State of Connecticut will be responsible for any mistaken, fraudulent or erroneous information provided on this form

**Please list the name of the individual authorized to complete this form**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

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.

## INSTRUCTIONS FOR COMPLETING THE W-260 VENDOR DIRECT DEPOSIT FORM

Please provide a completed IRS 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). 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)

To verify accuracy of bank information, please include a copy of a voided check or some other documentation that includes your bank information. For accounts from which you do not write checks, please include a letter from your bank showing the American Bankers Association routing number, account number, and the name(s) on the account.

Keep a copy of this vendor direct deposit form for your records. You must inform DSS Benefits Accounting of any changes. If you change financial institutions or accounts, you are obligated to notify DSS of these changes. To do so, please resubmit this form with updated information as soon as possible to avoid delayed receipt of your payment. Altered Forms will not be accepted.

When funds are rejected or returned by the bank, payments will revert back to check without notice to the vendor and will continue to be issued by this method until a new direct-deposit authorization form is submitted to DSS with correct information.

Complete, sign and return this form to DSS by one of the following methods:

By fax to 860-424-4962

By mail to:

**Department of Social Services  
Benefits Accounting  
55 Farmington Ave., 12th floor  
Hartford, CT 06105  
Fax 860-424-4962**