



# CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

## SEEC FORM CEP 12

### ELECTRONIC FUNDS TRANSFER FORM

Revised January 2021

**For use by**

**Statewide and General Assembly Candidates  
Participating in the  
Citizens' Election Program**

#### GENERAL INSTRUCTIONS

- Type or print clearly all information in black or blue pen. **Please do not use pencil.**
- Commission staff is available to answer questions and advise on how to complete this form (860-256-2985).
- The Electronic Funds Transfer Form (SEEC Form CEP 12) is **Confidential** and is NOT available for public disclosure.
- *Candidates who intend NOT to participate in the Citizens' Election Program: Not required to file this form.*

#### WHO FILES THIS FORM

This form is for use by the candidate committee of a participating candidate for statewide office or General Assembly who intends to participate in the Citizens' Election Program ("CEP"). The committee's treasurer must complete and sign the SEEC Form CEP 12. In the event of the treasurer's absence or incapacity, the committee's deputy treasurer may complete and sign this form.

A candidate who has filed a Certification of Exemption From Forming a Candidate Committee (**SEEC Form 1 and 1B**) is not eligible to apply for a public campaign financing grant, and therefore is not required to file this form.

*A candidate who intends NOT to participate in the Citizens' Election Program must file a **SEEC Form CEP 11 — Affidavit of Intent Not to Abide by Expenditure Limits**. They are not required to file the Confidential Electronic Funds Transfer Form (SEEC Form CEP 12).*

#### WHERE TO FILE THIS FORM

Hand-deliver or mail the completed and signed SEEC Form CEP 12 to: Connecticut State Elections Enforcement Commission, 55 Farmington Ave, Hartford, CT 06105, Attn.: Campaign Finance Disclosure Unit.

#### WHEN TO FILE THIS FORM

The Commission recommends that candidates interested in participating in the CEP obtain their Federal Employer Identification Number (FEIN) and file the SEEC Form CEP 12 as soon as practicable after registering their candidate committee. SEEC Form CEP 12 should be filed **NO LATER THAN ONE WEEK PRIOR** to filing a Citizens' Election Program Application For Public Grant Dollars (**SEEC Form CEP 15**), or the committee's receipt of grant funds may be delayed.

#### OBTAINING A FEDERAL EMPLOYER IDENTIFICATION NUMBER

The State Comptroller requires a committee to obtain a Federal Employer Identification Number (**FEIN**) from the Internal Revenue Service before the Comptroller can transmit a test transaction to the committee's account. The quickest way to obtain an FEIN from the IRS is by telephone or email. To obtain an FEIN by telephone, call the IRS at 800-829-4933.

*Any questions concerning the FEIN should be directed to the IRS.*

## COMPLETING THE FORM

**Please Note:** Whenever *any* information contained on the candidate committee registration (SEEC Form 1 and 1A) changes, the candidate must file an **amended** SEEC FORM 1 and 1A signed by the candidate, treasurer and deputy treasurer (if applicable) within **10 days** of the date of the change.

## COMPLETING THE FORM

1. **Election Date:** In *mm/dd/yyyy* format, provide the election date for which the candidate is seeking election to a public office.
2. **Office Sought:** List the name of the public office or position being sought by the candidate as registered with the SEEC Form 1 and 1A.
3. **District Number:** Provide the district number, if applicable, for the public office or position being sought by the candidate.
4. **Candidate Name:** Provide the full name of the candidate (first name, middle initial, last name, suffix) as registered with the SEEC Form 1 and 1A.
5. **Committee Name:** Provide the full name of the committee as registered with the SEEC Form 1 and 1A.
7. **Treasurer Name:** Provide the full name of the Treasurer (first name, middle initial, last name, suffix). This should be the same person who is the appointed Treasurer and properly registered with the SEEC Form 1 and 1A.
8. **Deputy Treasurer Name:** If applicable, provide the full name of the Deputy Treasurer (first name, middle initial, last name, suffix). This should be the same person who is the appointed Deputy Treasurer and properly registered with the SEEC Form 1 and 1A.
9. **Additional Committee Contact Information for Confirming Test Transaction:** The treasurer or deputy treasurer signing the form may provide an additional telephone number or email address for the confirmation of the test transaction.  
**Please Note:** For legal notice purposes, the Commission uses contact information as provided on the Candidate Committee Registration Statement (SEEC Form 1 and 1A).
10. **Bank Name:** Provide the complete name of the bank located in this state which serves as the depository of the committee's funds as registered with the SEEC Form 1 and 1A.
11. **Bank Telephone Number:** Provide the telephone number of the bank.
12. **Bank Address:** Provide the complete address of the committee's bank. P.O. Boxes are acceptable.
13. **Bank Routing Number:** This is the unique 9-digit number assigned to each bank, located at the bottom left portion of the committee's checks. Do not take this number from a deposit slip, as it may vary slightly from the number printed on the committee checks. Record the routing number into the spaces provided, one number per space.
14. **Checking Account Number:** Provide the number to the right of the routing number at the bottom portion of the committee's checks, one number per space. Do not include the check number. **SEE THE SAMPLE BELOW.**
15. **Certification and Authorization:** This form must be signed and dated by the appointed and properly registered Treasurer or Deputy Treasurer. In addition, indicate committee position by checking the box for Treasurer or Deputy Treasurer.
16. **Attach Voided Committee Check to the SEEC Form CEP 12.**



