

For Comptroller's use only		

VENDOR DIRECT DEPOSIT AUTHORIZATION

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code.

INSTRUCTIONS

- Use only BLUE or BLACK ink.
- Alterations must be initialed.
- Check all appropriate box(es).
- For further instructions, see the back of this form.

TRANSACTION TYPE

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3 & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3 & 4)
	<input type="checkbox"/> Cancellation (Sections 2 & 3)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)
	<input type="checkbox"/> Interagency transfer (Sections 2, 3 & 4)	<input type="checkbox"/> Change account type (Sections 2, 3 & 4)

PAYEE IDENTIFICATION

SECTION 2	1 Social Security number or Federal Employer's Identification (FEI) <input type="text"/>		2 Mail code (if not known, will be completed by Paying State Agency) <input type="text"/>	
	3 Name <input type="text"/>		4 Business phone number (<input type="text"/>) <input type="text"/>	
	5 Mailing address <input type="text"/>	6 City <input type="text"/>	7 State <input type="text"/>	8 ZIP code <input type="text"/>

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	9. I authorize the Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I further understand that the Comptroller of Public Accounts will reverse any payments made to my account in error.		
	I also agree to comply with the National Automated Clearing House Association's rules and the Texas Comptroller of Public Accounts' rules for electronic payments at all times.		
	10 Authorized signature <input type="text"/>	11. Printed name <input type="text"/>	12 Date <input type="text"/>

FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

SECTION 4	13. Financial institution name <input type="text"/>		14. City <input type="text"/>	15 State <input type="text"/>
	18 Routing transit number <input type="text"/>	17. Customer account number (Dashes required <input type="checkbox"/> YES) <input type="text"/>		18. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	19 Representative name (Please print) <input type="text"/>		20. Title <input type="text"/>	
	21 Representative signature (Optional) <input type="text"/>		22. Phone number (<input type="text"/>) <input type="text"/>	23 Date <input type="text"/>

CANCELLATION BY AGENCY

SEC. 5	24 Reason <input type="text"/>	25 Date <input type="text"/>
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PAYING STATE AGENCY

SECTION 6	26. Signature <input type="text"/>		27 Printed name <input type="text"/>	
	28 Agency name <input type="text"/>		29 Agency number <input type="text"/>	
	30 Comments <input type="text"/>		31. Phone number (<input type="text"/>) <input type="text"/>	32 Date <input type="text"/>

Note: A vendor can receive email or fax notifications providing one (1) business day advance notice of the payment posting to the vendor's account. The Advance Payment Notification is available to vendors receiving direct deposit payment(s) from the State of Texas.

To enroll in this free service, complete the Advance Payment Notification Authorization, Form 74-193, available on the Internet at:

<http://www.window.state.tx.us/taxinfo/taxforms/74-193.pdf>

For additional information or assistance, please contact the Claims Division by:

Email: claims.pin@cpa.state.tx.us

Phone: 512/936-8138 in Austin or 800/531-5441 Ext. 6-8138 toll free