

Vendor Direct Deposit / Advance Payment Notification Authorization

This form may be used by vendors or individual recipients
 - to receive payments from the state of Texas by direct deposit
 - to change or cancel existing direct deposit information

For Comptroller's Use Only		

For State Agency Use	
<input type="checkbox"/>	Advance Payment Notification
<input type="checkbox"/>	International Payments Verification
<input type="checkbox"/>	Interagency Transfer

Transaction Type

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3, 4 and 5 - Section 6 is optional)	<input type="checkbox"/> Change account type (Sections 2, 3, 4 and 5 - Section 6 is optional)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4 and 5 - Section 6 is optional)	<input type="checkbox"/> Cancellation (Sections 2 and 4 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4 and 5 - Section 6 is optional)	

Payee Identification

SECTION 2	Social Security Number (SSN) or Employer Identification Number (EIN) 7 4 6 0 0 0 7 1 7		Mail code (If not known, leave blank.)	
	Payee name (Business/Individual) County of Hidalgo Urban County Program		Phone number (956) 787-8127 ext. 2253	
	Mailing address 1916 Tesoro Blvd.	City Pharr	State Tx	ZIP code 78577

Financial Institution (Completion by financial institution is recommended.)

SECTION 3	Financial institution name First National Bank		City Edinburg	State Tx
	Routing transit number (9 digits) 1 1 4 9 - 2 1 4 1 - 5		Customer account number (maximum 17 characters) 1 4 0 1 0 1 4 3	Type of account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	Financial representative name (optional) Cynthia Rodriguez		Title (optional) New Accounts Representatives	
	Financial representative signature (optional)		Phone number (optional) (956) 380-8534 ext.	Date (optional)

Authorization for Setup, Changes or Cancellation (required)

SECTION 4	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.		
	I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)		
	Authorized signature sign here	Printed name Ramon Garcia	Date

International Payments Verification (required)

SEC 5	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
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Authorization for Advance Payment Notification Setup (optional)

SECTION 6	I authorize the Texas Comptroller of Public Accounts to send an email notification one business day prior to the payment posting to my account.	
	Contact name (Please print)	Contact phone number () ext.
	Email address	

Cancellation by Agency (for state agency use)

SEC 7	Reason	Date
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Authorized Signature (for state agency use)

SECTION 8	Signature sign here	Date
	Phone number () ext.	Agency number 305
	Agency name General Land Office	
	Comments	

Please return your completed form to:
 General Land Office
 Accounts Payable/Direct Deposit Program
 1700 North Congress Avenue, Suite 746L
 Austin, TX 78701-1436
 Phone: (512) 463-5194