

For Comptroller's Use Only		

## Direct Deposit Authorization

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

### Transaction Types

SECTION 1	1. Select transaction types:	
	<input checked="" type="checkbox"/> New setup (Sections 2, 3, 5 and 6)	<input type="checkbox"/> Change account type (Sections 2, 3, 4, 5 and 6)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Change custodial agency _____

### Payee Identification

SECTION 2	2. Payee type		3. Identification number		4. Mail code (If not known, leave blank.)	
	<input type="checkbox"/> State employee		<input type="checkbox"/> Social Security number (SSN)*		_____	
	<input checked="" type="checkbox"/> Vendor or other recipient		<input checked="" type="checkbox"/> Texas Identification Number (TIN)		<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	
			<input type="checkbox"/> Employer Identification Number (EIN)		1 7 4 6 0 0 0 7 1 7 6	
SECTION 2	5. Payee name				6. Phone (Area code and number)	
	County of Hidalgo Urban County Program - Accounts Payable				( 956 ) 787-8127 ext. 2252	
	7. Mailing address (Street, city, state and ZIP code)					
1916 Tesoro Street				Pharr Tx 78577		

### New Account Information (Setups and Changes) (Completion by financial institution is recommended)

SECTION 3	8. Financial institution name		9. City		10. State	
	Lone Star National Bank		Pharr		TX	
	11. Routing number (9 digits)		12. Customer account number (maximum 17 characters)		13. Account type	
	1 1 4 9 - 1 1 6 8 - 7		7 1 0 1 5 6 7 1		<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
14. Financial representative name (optional)				15. Title (optional)		
16. Financial representative signature (optional)				17. Phone (Area code and number) (optional)		18. Date (optional)
				( ) ext.		

### Existing Account Information (Changes Only)

SECTION 4	19. Routing number (9 digits)		20. Customer account number (maximum 17 characters)		21. Account type	
					<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

### International Payments Verification (required)

SECTION 5	22. Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).					

### Authorization for Setup, Changes or Cancellation (required)

SECTION 6	I authorize the Texas Comptroller of Public Accounts to electronically deposit my payments from the state of Texas to my financial institution. 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.)					
	23. Authorized signature		24. Printed name		25. Date	
	sign here		Richard F. Cortez			

### Cancellation by Agency (for state agency use)

SECTION 7	26. Reason		27. Date	

### State Agency Contact (for state agency use)

SECTION 8	28. Authorized signature		29. Date	
	sign here			
	30. Phone (Area code and number)		31. Agency number	
	( ) ext.		551	
32. Agency name				
Texas Department of Agriculture				
33. Comments				

### 34. Please return to the paying agency at the following address:

Texas Department of Agriculture  
 Accounts Payable/Direct Deposit Program  
 1700 North Congress Avenue  
 Austin, TX 78701-1436

Phone: 512-463-7476