

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.
- Section 7 must be completed by the paying state agency.
- 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"/> Exemption (Sections 2 & 5)	<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"/> )	
	5. Street 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. Pursuant to Section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me by the State of Texas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.		
	I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Comptroller's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		
	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"/>
	16. 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"/> )	23. Date <input type="text"/>

**EXEMPTION:** I claim exemption and request payment by state warrant (check) because:

SEC. 5	I am unable to establish a qualifying account at a financial institution.		
	24. Authorized signature <input type="text"/>	25. Printed name <input type="text"/>	26. Date <input type="text"/>

**CANCELLATION BY AGENCY**

SEC. 6	27. Reason <input type="text"/>		28. Date <input type="text"/>
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**PAYING STATE AGENCY**

SECTION 7	29. Signature <input type="text"/>		30. Printed name <input type="text"/>	
	31. Agency name <input type="text"/>		32. Agency number <input type="text"/>	
	33. Comments <input type="text"/>		34. Phone number ( <input type="text"/> )	35. Date <input type="text"/>