

For Comptroller's use only

Vendor Direct Deposit Authorization/ Advance Payment Notification Authorization

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, 5 & 7)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)
	<input type="checkbox"/> Interagency transfer (Sections 2, 3, 4 & 7)	<input type="checkbox"/> Change account type (Sections 2, 3 & 4)

PAYEE IDENTIFICATION

SECTION 2	1. Social Security or Employer Identification Number (EIN) <input type="text"/>		2. Mail code (If not known, will be completed by Paying State Agency) <input type="text"/>	
	3. Name		4. Phone number ()	
	5. Mailing address	6. City	7. State	8. ZIP code

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	9. I authorize the Texas Comptroller of Public Accounts to deposit my payments from the State of Texas to the applicable financial institution as designated by Texas A&M AgriLife Research, Texas A&M AgriLife Extension Service, and/or Texas A&M Veterinary Medical Diagnostic Laboratory electronically. I understand that the Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Comptroller's Office 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. Will these payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	10. Authorized signature	11. Printed name	12. Date

FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

SECTION 4	13. Name	14. City	15. State
	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)		20. Title
	21. Representative signature (Optional)	22. Phone number ()	23. Date


CANCELLATION BY AGENCY

SEC. 5	24. Reason	25. Date
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AUTHORIZATION FOR ADVANCE PAYMENT NOTIFICATION SETUP

SECTION 6	26. By completing this section, I authorize the Texas Comptroller of Public Accounts to send a notification via e-mail address or FAX one business day prior to the payment settling in my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure. Please indicate the one method you want to receive payment notification by providing either an e-mail address or FAX number. E-mail: _____ FAX number: () _____ Include payment remittance information? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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AUTHORIZED SIGNATURE

SECTION 7	27. Authorized signature (Applicant or authorized agent - Required) 		28. Phone number (Required) ()	29. Date (Required)
	30. Agency name		31. Agency number	
	32. Comments			

INSTRUCTIONS FOR VENDOR DIRECT DEPOSIT AUTHORIZATION/ ADVANCE PAYMENT NOTIFICATION AUTHORIZATION FORM

Alterations must be initialed.

SECTION 1: Select the appropriate transaction type(s).

SECTION 2: Provide the Social Security number or Employer Identification Number (EIN).

SECTION 3: The person authorizing the direct deposit setup must sign, print their name and date the form.
If you receive state payments via direct deposit which are forwarded from a U.S. financial institution to a financial institution outside the U.S., please contact the Comptroller's office at (512) 936-8138 and FAX your form to (512) 936-5970.

SECTION 4: Completion by financial institution is recommended.

SECTION 5: Must be completed by the paying state agency.

SECTION 6: Receiving your state payments by direct deposit enables you to take advantage of our Advance Payment Notification option. Notifications can be sent by e-mail or FAX, and provide one (1) business day advance notice of your payment posting to your financial institution. You may also choose to have your payment remittance information included. To sign up, simply complete Section 6.

SECTION 7: To be completed by the paying agency if the state agency is submitting the form to the Comptroller's office for processing.

Submit the completed form to the state agency with which you are conducting business. This agency will be designated as your custodial agency. If the direct deposit instructions need to be updated or cancelled, contact your custodial agency.

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at (800) 531-5441, ext. 6-8138.