

VENDOR DIRECT DEPOSIT AUTHORIZATION**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**EMAIL ADDRESS:** _____

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 <i>Section 403.016</i> , Texas Government Code, I authorize the Comptroller of Public Accounts and/or the applicable financial institution as designated by Texas Agricultural Experiment Station and/or Texas Cooperative Extension 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		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"/>

INSTRUCTIONS FOR VENDOR DIRECT DEPOSIT AUTHORIZATION

SECTION 1: Check the appropriate box(es)

- **NEW SETUP** - If payee is not currently on direct deposit with the state.
 - a. Complete Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CANCELLATION** - If payee wishes to stop direct deposit with the state.
 - a. Payee completes Sections 2 & 3.
- **EXEMPTION** - If payee claims an exemption granted by Tex. Govt. Code Ann. §403.016.
 - a. Payee completes Sections 2 & 5.
- **CHANGE FINANCIAL INSTITUTION**
 - a. Payee completes Sections 2 & 3.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT NUMBER**
 - a. Payee completes Sections 2 & 3.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT TYPE**
 - a. Payee completes Sections 2 & 3.
 - b. Section 4 is recommended to be completed by financial institution.

SECTION 2: PAYEE IDENTIFICATION

- Item 1** Leave the shaded boxes blank if you do not have your 11-digit Comptroller Payee Identification Number. The paying state agency will provide the information to be entered in the shaded boxes. Enter your 9-digit Social Security number or your Federal Employer's Identification (FEI) number.
- Item 2** If your 3-digit mail code is not known, it will be assigned by the paying state agency.

SECTION 3: AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

- Items 10, 11 & 12** The individual authorizing must sign, print their name and date the form.

NOTE: No alterations to item 9 in this section will be allowed.

SECTION 4: FINANCIAL INSTITUTION

Section 4 is recommended to be completed by a financial institution.

NOTE: Alterations to routing and/or account number must be initialed by the financial institution representative or the payee.

SECTION 5: EXEMPTION

- a. If you qualify for an exemption, complete items 24, 25, and 26.

SECTION 6: CANCELLATION BY AGENCY *(State agency use only)*

Sections 6 & 7 must be completed by the paying state agency.

SECTION 7: PAYING STATE AGENCY *(State agency use only)*

Section 7 must be completed by the paying state agency before the form can be processed.

Submit the completed form to a 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, you must contact this agency.