

VENDOR DIRECT DEPOSIT AUTHORIZATION

For Comptroller's use only

INSTRUCTIONS

- Use only Blue or Black ink.
 - Alterations must be initialed.
 - Financial institution must complete Section 4.
 - 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 style="width: 150px;" type="text"/>		2. Mail code (If not known, will be completed by Paying State Agency) <input style="width: 100px;" type="text"/>	
	3. Name		4. Business phone number ()	
	5. Street address	6. City	7. State	8. ZIP code

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	9. Pursuant to Section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts and/or the applicable financial institution as designated by Texas A&M University 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		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	11. Printed name	12. Date

FINANCIAL INSTITUTION

SECTION 4	13. Financial institution name		14. City	15. State
	16. Routing transit number <input style="width: 150px;" type="text"/>	17. Customer account number (Dashes required <input type="checkbox"/> YES) <input style="width: 150px;" 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	

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	25. Printed name	26. Date

CANCELLATION BY AGENCY

SEC. 6	27. Reason	28. Date
---------------	------------	----------

PAYING STATE AGENCY

SECTION 7	29. Signature		30. Printed name	
	31. Agency name		32. Agency number <input style="width: 100px;" type="text"/>	
	33. Comments		34. Phone number ()	

VENDOR E-MAIL ADDRESS

SEC. 8	36. Email (This email address is to be used for electronic admittance advice on local funds.)
---------------	-----------------------------------------------------------------------------------------------

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. Financial institution representative must complete Section 4.
- **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. The new financial institution representative completes Section 4.
- **CHANGE ACCOUNT NUMBER**
 - a. Payee completes Sections 2 & 3.
 - b. Financial institution representative completes Section 4.
- **CHANGE ACCOUNT TYPE**
 - a. Payee completes Sections 2 & 3.
 - b. Financial institution representative completes Section 4.

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 must be completed by a financial institution representative.

- Item 19** The financial institution representative's name must be provided in Section 4.
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 BB you are conducting buOness. 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.

Texas A&M University

Privacy Notice:

State law requires that you be informed of the following:

- (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law);
- (2) you are entitled to receive and review that information; and
- (3) you are entitled to have the information corrected at no charge to you."

VENDOR DIRECT DEPOSIT AUTHORIZATION

For Comptroller's use only		

INSTRUCTIONS

- Use only Blue or Black ink.
 - Alterations must be initialed.
 - Financial institution must complete Section 4.
 - 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 style="width: 100px;" type="text"/>		2. Mail code (If not known, will be completed by Paying State Agency) <input style="width: 100px;" type="text"/>	
	3. Name		4. Business phone number ()	
	5. Street address	6. City	7. State	8. ZIP code

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	9. Pursuant to Section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts and/or the applicable financial institution as designated by Texas A&M University 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	11. Printed name	12. Date

FINANCIAL INSTITUTION

SECTION 4	13. Financial institution name		14. City	15. State
	16. Routing transit number <input style="width: 100px;" type="text"/>	17. Customer account number (Dashes required <input type="checkbox"/> YES) <input style="width: 100px;" 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	

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	25. Printed name	26. Date

CANCELLATION BY AGENCY

SEC. 6	27. Reason		28. Date

PAYING STATE AGENCY

SECTION 7	29. Signature		30. Printed name	
	31. Agency name		32. Agency number <input style="width: 100px;" type="text"/>	
	33. Comments		34. Phone number ()	

VENDOR E-MAIL ADDRESS

SEC. 8	36. Email (This email address is to be used for electronic admittance advice on local funds.)		