Comptroller of Public Accounts FORM 74-176 (Rev.4-14/18)

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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 Type

SECTION 1

- ☐ New setup *(Sections 2, 3, 5 and 6)*
- ☐ Change financial institution *(Sections 2, 3, 4, 5 and 6)*
- ☐ Change account number *(Sections 2, 3, 4, 5 and 6)*
- ☐ Change account type *(Sections 2, 3, 4, 5 and 6)*
- ☐ Cancellation *(Sections 2 and 6 - Sections 7 and 8 for state agency use)*

Payee Identification

SECTION 2

Payee type
- ☐ State employee
- ☐ Vendor or other recipient

- ☐ Texas Identification Number (TIN)
- ☐ Individual Taxpayer Identification Number (ITIN)
- ☐ Employer Identification Number (EIN)
- ☐ Social Security Number (SSN) *

Mail code *(If not known, leave blank.)*

Payee name	Phone number ext.

Mailing address	City	State	ZIP code

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

SECTION 3

Financial institution name	City	State

Routing transit number *(9 digits)*	Customer account number *(maximum 17 characters)*	Type of account ☐ Checking ☐ Savings

Financial representative name *(optional)*	Title *(optional)*

Financial representative signature *(optional)*	Phone number *(optional)* ext.	Date *(optional)*

Existing Account Information (Changes Only)

SEC 4

Routing transit number *(9 digits)*	Customer account number *(maximum 17 characters)*	Type of account ☐ Checking ☐ Savings

International Payments Verification *(required)*

SEC 5

Will these payments be forwarded to a financial institution outside the United States?..... ☐ YES ☐ 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 deposit my payments from the state of Texas to my financial institution electronically.
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.)*

sign here ▶ Authorized signature	Printed name	Date

Cancellation by Agency *(for state agency use)*

SEC 7

Reason	Date

Authorized Signature *(for state agency use)*

SECTION 8

sign here ▶ Signature	Date
Phone number ext.	Agency number
Agency name	
Comments	

Please return your completed form to:

OFFICE OF THE GOVERNOR
Financial Services
P.O. Box 12878
Austin, TX 78711-2878

E-mail: Vendor.dd@gov.texas.gov
Fax number: (512) 463-4114

Instructions for Direct Deposit Authorization

***You have certain rights** under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.*

Section 1: Transaction Type

Select the appropriate transaction type(s).

Section 2: Payee Identification

Select payee type, provide the Texas Identification Number (TIN), Employer Identification Number (EIN) Social Security Number (SSN)* or Individual Taxpayer Identification Number (ITIN) and enter payee contact information.

***Federal Privacy Act Statement**

Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. sec. 405(c)(2)(C)(i); Texas Govt. Code Sections 403.011, 403.056, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

Section 3: New Account Information (Needed for setups and changes)

Completion by financial institution is recommended.

Important: Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information.

Prenote Test:
A prenote test will be sent to your financial institution for the account information provided. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

Section 4: Existing Account Information (Needed for changes to existing account information)

When requesting a change to your existing direct deposit account information, you must complete Section 4 with the existing account information for verification purposes. This measure will help the paying state agency verify accuracy of the requested change.

Any change to banking information begins a prenote test period. See explanation in Section 3, above.

Section 5: International Payments Verification

Check "YES" or "NO" to indicate if direct deposit payments to the account information designated in Section 3 of this form will be forwarded to a financial institution outside the United States. If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

Section 6: Authorization for Setup, Changes or Cancellation

Must be completed in its entirety, and no alterations to the authorization language will be accepted.

For State Agency Use

Section 7: Cancellation by Agency

Provide reason for cancellation request.

Section 8: Authorized Signature

For state agency use only.