



DIRECT DEPOSIT / ADVANCE PAYMENT NOTIFICATION AUTHORIZATION

VENDOR/PAYEE INFORMATION

SECTION 1	Texas Identification Number: (Payee Number, SSN or EIN)						Mail Code: (Agency Use ONLY)		
	Vendor or payee name (Required)						Grant #		
	Vendor contact name			Title			Contact phone number ()		
	Payment address			City			State	Zip code	

FINANCIAL INSTITUTION INFORMATION

SECTION 2	Financial institution name						City			State		
	Routing transit number (9 digits)						Customer account number (maximum 17 characters)					
	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings											
	Financial representative name						Title					
Financial representative signature						Phone number ()			Date			

AUTHORIZATION FOR DIRECT DEPOSIT SETUP

SECTION 3	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.								
	Will these payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO								
Authorized signature (Required) sign here ▶			Printed name (Required)				Date (Required)		

AUTHORIZATION FOR ADVANCE PAYMENT NOTIFICATION SETUP

SECTION 4	By completing this section, I authorize the Texas Comptroller of Public Accounts to send a notification via e-mail 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.								
	Contact name (print): _____						Contact phone: () _____		
	E-mail: _____								
Include payment remittance information <input type="checkbox"/> YES <input type="checkbox"/> NO									

<p>Please return your completed form to:</p> <p>OFFICE OF THE GOVERNOR Financial Services P.O. Box 12878 Austin, TX 78711-2878</p> <p>E-mail: vendor.dd@governor.state.tx.us Fax number: (512) 463-4114</p>	<p align="center">AGENCY USE ONLY</p> <p>Approved: _____ Date: _____</p> <p>Processed: _____ Date: _____</p> <p>Verified: _____ Date: _____</p>
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**INSTRUCTIONS FOR NEW SETUP
DIRECT DEPOSIT/ADVANCE PAYMENT NOTIFICATION
AUTHORIZATION**

SECTION 1: VENDOR/PAYEE INFORMATION

Texas Identification Number: (Payee Number, SSN, or EIN)

Enter your 11-digit Texas Identification number or your 9-digit Social Security number or Employer Identification number.

VENDOR CONTACT INFORMATION

Provide your company/individual name, title, phone number, and address

SECTION 2: FINANCIAL INSTITUTION INFORMATION

Section 2 is recommended to be completed by a financial institution.

NOTE: Alterations to routing, account number and/or type of account must be initiated by the financial institution representative or the payee.

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

SECTION 3: AUTHORIZATION FOR DIRECT DEPOSIT SETUP

The individual authorizing the direct deposit setup must sign, print their name and date the form, and no alterations to the authorization language will be accepted.

Important: 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 Texas Comptroller of Public Accounts at (512) 936-8138 and fax your form to (512) 475-5424.

SECTION 4: AUTHORIZATION FOR ADVANCE PAYMENT NOTIFICATION SETUP (Optional)

Provide the Contact name, Contact phone, and E-mail address of the person to receive Advance Payment Notifications. Notifications are sent for direct deposit payments only and are e-mailed one business day in advance prior to the deposit.

NOTE: A Prenote test will be sent to your financial institution for the account information entered into the Comptroller's system. The Prenote test timeframe is for a period of 14-calendar days, and is sent to your financial institution for the purpose of verifying your account information. If no further action is required by your financial institution then your direct deposit instructions will become effective when the 14-day Prenote timeframe has expired.

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. To request information for review or to request error correction, contact us at the address listed on this form.