

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

Payee Identification

SECTION 2	Payee type	☐ Texas Identification Number (TIN) ☐ Employer Identification Number (EIN) ☐ Social Security Number (SSN)*		Mail code (If not known, leave blank.)	
	☐ State employee ☐ Vendor or other recipient				
	Payee name	Phone number			
					ext.
	Mailing address	City	State	ZIP code	

Financial Institution (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)	Date (optional)
			ext.	

International Payments Verification (required)

SECTION 4	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).
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Authorization for Setup, Changes or Cancellation (required)

SECTION 5	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 6	Reason	Date
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Authorized Signature (for state agency use)

SECTION 7	sign here  Signature	Date
	Phone number	Agency number
	ext.	
	Agency name	
	Comments	

Please return your completed form to:

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
 Fiscal Management - Direct Deposit Program
 P.O. Box 13528
 Austin, TX 78711-3528

FAX: 512-475-5424

Phone: 512-936-8138

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) or Social Security Number (SSN)*, 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: Financial Institution

Completion by financial institution is recommended.

Important: Your direct deposit account information may be different from 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 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 on the next scheduled payroll cycle that occurs after the prenote test.

Section 4: 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 5: 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 6: Cancellation by Agency

Provide reason for cancellation request

Section 7: Authorized Signature

For state agency use only.