

# Vendor Direct Deposit / Advance Payment Notification Authorization

This form may be used by vendors or individual recipients  
 - to receive payments from the state of Texas by direct deposit  
 - to change or cancel existing direct deposit information

For Comptroller's Use Only		

For State Agency Use		
<input type="checkbox"/>	Advance Payment Notification	
<input type="checkbox"/>	International Payments Verification	
<input type="checkbox"/>	Interagency Transfer	

## Transaction Type

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3, 4 and 5 - Section 6 is optional)	<input type="checkbox"/> Change account type (Sections 2, 3, 4 and 5 - Section 6 is optional)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4 and 5 - Section 6 is optional)	<input type="checkbox"/> Cancellation (Sections 2 and 4 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4 and 5 - Section 6 is optional)	

## Payee Identification

SECTION 2	Social Security Number (SSN) or Employer Identification Number (EIN)		Mail code (If not known, leave blank.)	
	Payee name (Business/Individual)		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)	
	Financial representative name (optional)		Title (optional)	
	Financial representative signature (optional)		Phone number (optional) ( ) ext.	Date (optional)

## Authorization for Setup, Changes or Cancellation (required)

SECTION 4	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.)		
	Authorized signature <b>sign here</b>	Printed name	Date

## International Payments Verification (required)

SEC 5	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
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## Authorization for Advance Payment Notification Setup (optional)

SECTION 6	I authorize the Texas Comptroller of Public Accounts to send an email notification one business day prior to the payment posting to my account.	
	Contact name (Please print)	Contact phone number ( ) ext.
	Email address	

## Cancellation by Agency (for state agency use)

SEC 7	Reason	Date
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## Authorized Signature (for state agency use)

SECTION 8	Signature <b>sign here</b>	Date
	Phone number ( ) ext.	Agency number
	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 Vendor Direct Deposit / Advance Payment Notification Authorization

*Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exception in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at (800) 531-5441, ext. 6-6057.*

Section 1: Select the appropriate transaction type(s).

Section 2: Provide the Social Security Number or Employer Identification Number (EIN).

Section 3: 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.

**Note:** A prenote test will be sent to your financial institution for the account information entered into the Comptroller's system. 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: Must be completed in its entirety, and no alterations to the authorization language will be accepted.

Section 5: **If you receive state payments by direct deposit which are forwarded from a United States financial institution to a financial institution outside the United States, please contact the Texas Comptroller of Public Accounts at (512) 936-8138 and FAX your form to (512) 475-5424.**

Section 6: Provide the contact name, phone number and email address to which payment notifications are to be sent. Notifications are sent for direct deposit payments only, and emails are sent one business day prior to the deposit.

**Submit the completed form to the state agency with which you are conducting business. If the agency is unknown, please call (512) 936-8138 to obtain contact information.**

### **For State Agency Use**

Section 7: Provide reason for cancellation request.

Section 8: Must be completed if submitting form to the Comptroller's office for international payment verification, advance payment notification or interagency transfer processing. Indicate requested action using the "For State Agency Use" box located at the top of the form.

If an international payments verification, advance payment notification or interagency transfer is requested by the agency, select the desired action(s) in the box on the upper right corner of the form and submit the form to the Comptroller's office. State agencies should complete the direct deposit setup or change prior to submitting the form to the Comptroller's office.