

Direct Deposit Authorization / Advance Payment Notification

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

N 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)
E	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)
SEC	 New setup (Sections 2, 3, 4 and 5 - Section 6 is optional) Change financial institution (Sections 2, 3, 4 and 5 - Section 6 is optional) Change account number (Sections 2, 3, 4 and 5 - Section 6 is optional) 	

Payee Identification

N 2							Mail co leave b	de (If not lank.)	known,		
ē	Payee name					Phone	number				
SECT							()	e	ext.	
	Mailing address		City					State	ZIP code		

Financial Institution (Completion by financial institution is recommended.)

	Financial institution name	City					State
m	Routing transit number (9 digits)	Customer account number (maximum 17 cha	aracters)			Type of acco	ount
NO						Check	king 🗌 Savings
-	Financial representative name (optional)			Title (optional)			
SE							
	Financial representative signature (optional)		Phone number (optional)			Date (optional)	
		()	ext.		

International Payments Verification (required)

 Vill these payments be forwarded to a financial institution outside the United States?

 If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

Authorization for Setup, Changes or Cancellation (required)

 I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically.

 I authorize the Texas Comptroller of Public Accounts to deposit my 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
 Authorized signature

 Printed name
 Date

Advance Payment Notification Setup for Vendor/Employee Travel (optional)

9	I request the Texas Comptroller of Public Accounts to send an email notification one business day prior to the payment posting to my account.								
18	Contact name (Please print) Contact phone nu	umber							
UT O		ext.							
l S	Email address								
_									

Cancellation by Agency (for state agency use)

SEC.

Reason

Т

Date

Authorized Signature (for state agency use)

	sign	Date	Please return your compl	eted form to:			
SECTION 8	here Phone number () ext.	Agency number	TEXAS COMPTROLLER OF PUBLIC ACCOUNTS Fiscal Management - Direct Deposit Program P.O. Box 13528 Austin, TX 78711-3528				
	Comments	FAX: 512-475-5424	Phone: 512-936-8138				

Instructions for Direct Deposit Authorization / Advance Payment Notification

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 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: 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.

Section 6: Advance Payment Notification Setup for Vendor / Employee Travel

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(s) 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: Cancellation by Agency

Provide reason for cancellation request.

Section 8: Authorized Signature

Must be completed if submitting this form to the Comptroller's office for advance payment notification or interagency transfer processing.

State agencies should process the direct deposit setup or change prior to submitting the form to the Comptroller's office.