



# 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.*

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## Section 1: Transaction Type

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Select the appropriate transaction type(s).

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## Section 2: Payee Identification

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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.*

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## Section 3: Financial Institution

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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.

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## Section 4: International Payments Verification

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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).

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## Section 5: Authorization for Setup, Changes or Cancellation

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

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

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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**

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## Section 7: Cancellation by Agency

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Provide reason for cancellation request.

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## Section 8: Authorized Signature

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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.