

# ACH (Direct Deposit) Payment Destination Confirmation

The National Automated Clearing House Association (NACHA) adopted specific rules regarding International ACH Transactions (IAT). NACHA requires entities originating ACH (Direct Deposit) payments to comply with IAT rules and federal law. To comply, the Texas Comptroller of Public Accounts requires payees to identify the intended final destination of payments issued through the ACH network. *(For further information on these rules, please contact your financial institution.)*

<b>Section 1</b>	1. Place a check mark (✓) on the appropriate selection below to indicate your response.  <b>I attest, under penalty of perjury</b> , that the ACH payment(s) to be issued by the state of Texas and sent to my domestic <sup>1</sup> financial institution and account listed below:		
	(a) <input type="checkbox"/> <b>WILL</b> be forwarded in its entirety (100%) to a country outside the United States. Specify the name of the country where 100% of payment(s) will be forwarded: _____		
	(b) <input type="checkbox"/> <b>WILL</b> be forwarded, but less than 100%, to a country outside the United States.		
	(c) <input type="checkbox"/> <b>WILL NOT</b> be forwarded to a country outside the United States.		
2. Routing number <sup>2</sup> _____			
3. Account number    _____			
4. Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
<b>Section 2</b>	I have read and understand the statements above and will notify the state agency that issues my state of Texas payments of any change to the intended final destination of these payments.		
	5. Print payee name ( <i>Business / Individual / Employee</i> )		
<b>Section 3</b>	6. Enter <b>one</b> of the following, as indicated:		
	<input type="checkbox"/> Social Security number (SSN) <sup>3</sup>	_____	
	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	_____	
	<input type="checkbox"/> Employer Identification Number (EIN)	_____	
	<input type="checkbox"/> Texas Identification Number (TIN)	_____	
<input type="checkbox"/> Comptroller Taxpayer Number	_____		
<b>Section 4</b>	7. Printed name of authorizing person	8. Phone ( <i>Area code and number</i> )	9. This phone number is ( <i>check one</i> ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
	10. Email address ( <i>Optional</i> )		
	11. Authorized signature <b>sign here</b> ▶		12. Date of signature
<b>Section 5</b>	13. <b>Return this completed and signed Form 74-227 along with Form 74-176 to:</b>		

**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.

<sup>1</sup> Domestic – Within the territorial jurisdiction of the United States

<sup>2</sup> Routing number – Agencies may inquire on routing numbers using the online BANKIN screen of the Texas Identification Number System (TINS)

<sup>3</sup> 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, 403.055, 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.

If a state of Texas payee completes the Direct Deposit Authorization, Form 74-176, and indicates "YES" in Section 5, acknowledging that payments will be forwarded to a country outside the United States, the payee **MUST ALSO** complete this form and submit both Form 74-227 and Form 74-176 to the Texas state agency with which the payee is doing business.

## Instructions

### Section 1

1. Place a check mark (✓) in the appropriate box to indicate your response:
  - (a) If **100%** of each state payment is destined to be forwarded to a country outside the United States, indicate the country where payments will be forwarded. Completion of this form is required; sign and return this form to the agency issuing the state payments.
  - (b) **Less than 100% (a portion)** of each state payment is destined to be forwarded to a country outside the United States. Complete and sign this form and return it to the agency that issues the state payments.
  - (c) State payments **will not** be forwarded to a country outside the United States. Complete and sign this form and return it to the agency that issues the state payments.
2. Routing number: Enter the 9-digit routing number of the payee's domestic<sup>1</sup> financial institution.
3. Account number: Enter the payee's account number (up to 17 characters) at the domestic financial institution.
4. Account type: Check the appropriate box for checking or savings.

### Section 2

5. Enter the payee's name for the business, individual or state employee.

### Section 3

6. Enter the payee's identification number from which state payments are issued:
  - Social Security number (SSN)
  - Individual Taxpayer Identification Number (ITIN), issued by the Internal Revenue Service
  - Employer Identification Number (EIN)
  - Texas Identification Number (TIN), must be 11 digits
  - Comptroller Taxpayer Number, must be 11 digits

### Section 4

7. Enter (print) the name of the person who is authorized to represent the payee (self or business).
8. Enter the area code and phone number of the person listed in box 7.
9. Indicate if the phone number provided in box 8 is a home, work or mobile number.
10. Enter the email address of the person listed in box 7 (optional).
11. Signature is required of the person whose name is listed in box 7.
12. Enter the date of signature.

### Section 5

13. Return the form to the state agency with which the payee is doing business.
  - If this form is completed online, the form prompts users to choose the state agency with which the payee is doing business when the form is first opened, which auto-populates the agency name, address and phone number in this box.
  - If this form is completed on paper, users must enter the name and address of the state agency with which the payee is doing business and return this form and the Direct Deposit Authorization, Form 74-176, to that agency.

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