

Vendor Direct Deposit Authorization

TRANSACTION TYPE

For further instructions see the next page of this form

SECTION 1	<input type="checkbox"/> New Setup (Section 2, 3, & 4)	<input type="checkbox"/> Change Financial Institution (Section 2, 3, & 4)
	<input type="checkbox"/> Cancellation (Section 2, 3, & 4)	<input type="checkbox"/> Change Account Number (Section 2, 3, & 4)
	<input type="checkbox"/> Interagency Transfer (Section 2 & 3)	<input type="checkbox"/> Change Account Type (Section 2, 3, & 4)

PAYEE IDENTIFICATION

SECTION 2	1. Social Security or Federal Employer Identification Number (FEIN)		2. Mail Code (If not known, will be completed by paying State Agency)	
	3. Name		4. Phone Number	
	5. Mailing Address	6. City	7. State	8. Zip Code

AUTHORIZATION FOR SETUP, CHANGE OR CANCELLATION

SECTION 3	<p>9. Pursuant to Section 403.016, Texas government Code, I authorize the Comptroller of Public Accounts and/or applicable as designated by Texas A&M University to deposit by electronic transfer payments owed to me by the State of Texas and if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. I consent to and agree to comply with the National Automated clearing House Association Rules and Regulation and the Comptroller's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.</p> <p style="background-color: yellow;">Will these payments be forwarded to a financial institution outside the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
	10. Authorized Signature	11. Printed Name	12. Date

FINANCIAL INSTITUTION

SECTION 4	13. Name		14. City	15. State
	16. Routing Transit Number	17. Customer Account Number		18. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	19. Representative Name		20. Title	
	21. Representative Signature		22. Phone Number ()	23. Date

CANCELLATION BY AGENCY

SEC 5	24. Reason	25. Date
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AUTHORIZATION FOR NOTIFICATION SETUP

SECTION 6	<p>26. By completing this section, I authorize Prairie View A&M University to send notification via e-mail address prior to payment being available in my account. I understand that notification may include payment information that is considered confidential and therefore exempt from public disclosure.</p>	
	Email _____	

INSTRUCTIONS FOR VENDOR DIRECT DEPOSIT AUTHORIZATION

SECTION 1: Check the appropriate boxes

- NEW SETUP** – If payee is not currently on direct deposit with the state.
 - Complete Sections 2, 3, & 4)
- Cancellation** - If payee wishes to stop direct deposit with the state
 - Complete Sections 2, 3, & 4)
- Interagency Transfer** – For state employees only who transfer from one state agency to another.
 - Employee completes Sections 2 & 3
 - Employee should submit form to the new paying agency .
- Change Financial Institution**
 - Payee completes Sections 2 & 3.
 - Section 4 is recommended to be completed by financial institution.
- Change Account Number**
 - Payee completes Section 2 & 3
 - Section 4 is recommended to be completed by financial institution
- Change Account Type**
 - Payee completes Sections 2 & 3
 - Section 4 is recommended to be completed by financial institution

Section 2: PAYEE IDENTIFICATION

Item 1 Enter you 9-digit Social Security Number or your Federal Employer's Identification Number (EIN)

Item 2 If your 3 digit mail code is not known, it will be assigned by the paying agency.

Section 3: AUTHORIZATION FOR SETUP, CHANGE OR CANCELLATION

Item 10, 11 & 12 The individual authorizing must sign, print their name and date the form.

***No alterations to this section will be allowed.

Section 4: FINANCIAL INSTITUTION

Section 4 is recommended to be completed by Financial Institution

Note: Alterations to routing and/or account number must be initiated by the financial institution representative or the payee.

Section 5: CANCELLATION BY AGENCY

Section 6 must be completed by the state agency