

For Comptroller's use only	

# DIRECT DEPOSIT AUTHORIZATION

## INSTRUCTIONS

- Use only BLUE or BLACK ink.
- Alterations must be initialed.
- Financial institution must complete Section 4.

- Section 7 must be completed by the paying state agency.
- Check all appropriate box(es).

**For further instructions, see the back of this form.**

## TRANSACTION TYPE

<b>SECTION 1</b>	<input type="checkbox"/> New setup (Sections 2, 3 & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3 & 4)
	<input type="checkbox"/> Cancellation (Sections 2 & 3)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)
	<input type="checkbox"/> Interagency transfer (Sections 2 & 3)	<input type="checkbox"/> Change account type (Sections 2, 3 & 4)
	<input type="checkbox"/> Exemption (Sections 2 & 5)	

## PAYEE IDENTIFICATION

<b>SECTION 2</b>	1. Social Security number or Federal Employer's Identification (FEI) <input type="text"/>		2. Mail code (If not known, will be completed by Paying State Agency) <input type="text"/>	
	3. Name		4. Division name (for state employee)	
	5. Street address	6. City	7. State	8. ZIP code

## AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

<b>SECTION 3</b>	9. Pursuant to Section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts 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 Regulations 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		
	10. Authorized signature	11. Printed name	12. Date

## FINANCIAL INSTITUTION (Must be completed by financial institution representative.)

<b>SECTION 4</b>	13. Name	14. City	15. State
	16. Routing transit number <input type="text"/>	17. Customer account number (Dashes required <input type="checkbox"/> YES) <input type="text"/>	18. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	19. Representative name (Please print)		20. Title
	21. Representative signature (Optional)	22. Phone number <input type="text"/>	23. Date

## EXEMPTION:

<b>SECTION 5</b>	I claim exemption and request payment by state warrant (check) because:	
	24. <input type="checkbox"/> I hold a position that is classified below group 8 in the position classification salary schedule.	
	25. <input type="checkbox"/> I am unable to establish a qualifying account at a financial institution.	
26. <input type="checkbox"/> I certify that payment by direct deposit would be impractical and/or more costly to me than payment by warrant.		
27. Authorized signature	28. Printed name	29. Date

## CANCELLATION BY AGENCY

<b>SEC. 6</b>	30. Reason	31. Date
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## PAYING STATE AGENCY

<b>SECTION 7</b>	32. Signature	33. Printed name
	34. Agency name	35. Agency number <input type="text"/>
	36. Comments	37. Phone number <input type="text"/>
		38. Date

## **INSTRUCTIONS FOR DIRECT DEPOSIT AUTHORIZATION**

### **SECTION 1:** Check the appropriate box(es)

- **NEW SETUP** - If payee is not currently on direct deposit with the state.
  - a. Complete Sections 2, 3 & 4.
  - b. Financial institution representative must complete Section 4.
- **CANCELEATION** - If payee wishes to stop direct deposit with the state.
  - a. Payee completes Sections 2 & 3.
- **INTERAGENCY TRANSFER** - For state employees **only** who transfer from one state agency to another.
  - a. Employee completes Section 2 & 3.
  - b. Employee should submit form to the **new** paying state agency for completion of Section 7.
- **EXEMPTION** - If payee claims an exemption granted by Tex. Govt. Code Ann. 403.016.
  - a. Payee completes Sections 2 & 5.
- **CHANGE FINANCIAL INSTITUTION.**
  - a. Payee completes Sections 2 & 3.
  - b. The **new** financial institution representative completes Section 4.
- **CHANGE ACCOUNT NUMBER**
  - a. Payee completes Sections 2 & 3.
  - b. Financial institution representative completes Section 4.
- **CHANGE ACCOUNT TYPE**
  - a. Payee completes Sections 2 & 3.
  - b. Financial institution representative completes Section 4.

### **SECTION 2:** PAYEE IDENTIFICATION

- Item 1** Leave the shaded boxes blank if you do not have your 11-digit Comptroller payee Identification number. The paying state agency will provide the information to be entered in the shaded boxes. Enter your 9-digit social Security number or your Federal Employer's Identification (FEI) number.
- Item 2** If your 3-digit mail code is not known, it will be assigned by the paying state agency.

### **SECTION 3:** AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

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

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

### **SECTION 4:** FINANCIAL INSTITUTION

**Section 4 must be completed by a financial institution representative.**

**Item 19** The financial institution representative's name must be provided in Section 4.

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

### **SECTION 5:** EXEMPTION (Not to be completed for vendors or employee travel payments)

- a. If you qualify for an exemption, check the appropriate box.
- b. Complete items 27, 28 and 29.

**NOTE:** Exemption forms are maintained by the paying state agency.

### **SECTION 6:** CANCELEATION BY AGENCY

Sections 6 & 7 must be completed by the paying state agency.

### **SECTION 7** PAYING STATE AGENCY

Section 7 must be completed by the paying state agency before the form can be processed.

Submit the **Comptroller Copy** and **Agency Copy** to your paying state agency. Retain the **Payee Copy** for your records.