

For Comptroller's Use Only

Direct Deposit Authorization

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

SECTION 1	<input checked="" type="checkbox"/> New setup (Sections 2, 3, 4 and 5 - Section 6 is optional)	<input type="checkbox"/> Change account type (Sections 2, 3, 4 and 5 - Section 6 is optional)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4 and 5 - Section 6 is optional)	<input type="checkbox"/> Cancellation (Sections 2 and 5 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4 and 5 - Section 6 is optional)	

Payee Identification

SECTION 2	Payee type	<input type="checkbox"/> State employee	<input type="checkbox"/> Texas Identification Number (TIN)	Mail code (If not known, leave blank.)
	<input checked="" type="checkbox"/> Vendor or other recipient	<input checked="" type="checkbox"/> Employer Identification Number (EIN)	<input type="checkbox"/> Social Security Number (SSN)*	
	Payee name	Collin County		1 7 5 6 0 0 0 8 7 3 6
	Mailing address	City	Phone number	ZIP code
	2300 Bloomdale Rd. #3100	McKinney	972-548-4641 ext.	Tx 75071

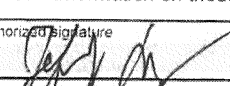
Financial Institution (Completion by financial institution is recommended.)

SECTION 3	Financial institution name	City	State
	American National Bank	Allen	Tx
	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account
	1 1 1 9 - 0 1 5 1 - 9	7 0 0 0 2 0 0 3 5	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial representative name (optional)	Title (optional)		
Colleen Biggerstaff			
Financial representative signature (optional)	Phone number (optional)	Date (optional)	
	214-863-5929 ext.		

International Payments Verification (required)

SEC 4	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).
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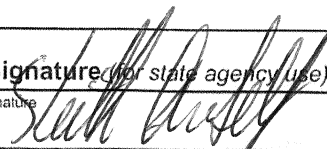
Authorization for Setup, Changes or Cancellation (required)

SECTION 5	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any 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.)		
	Authorized signature	Printed name	Date
	sign here 	Jeff May	1/15/14

Cancellation by Agency (for state agency use)

SEC 6	Reason	Date

Authorized Signature (for state agency use)

SECTION 7	Signature	Date
	sign here 	1/28/14
	Phone number	Agency number
	ext.	
Agency name		
Comments		

Please return your completed form to:

Instructions for Direct Deposit Authorization

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.

For State Agency Use

Section 6: Cancellation by Agency

Provide reason for cancellation request.

Section 7: Authorized Signature

For state agency use only.