

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"/> Texas Identification Number (TIN)	Mail code (If not known, leave blank.)
	<input type="checkbox"/> State employee	<input checked="" type="checkbox"/> Employer Identification Number (EIN)	026
	<input checked="" type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Social Security Number (SSN)*	
	Payee name	Phone number	
	Collin County	972-548-4641 ext.	
	Mailing address	City	State
	2300 Bloomdale Rd. #3100	McKinney	Tx
			ZIP code
			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	Operations Supervisor	
	Financial representative signature (optional)	Phone number (optional)	Date (optional)
		214-863-5929 ext.	

International Payments Verification (required)

SECTION 4	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input 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	Jeffrey May	12-15-16

Cancellation by Agency (for state agency use)

SEC 6	Reason	Date

Authorized Signature (for state agency use)

SECTION 7	Signature	Date
	sign here	
	Phone number	Agency number
	ext.	
	Agency name	
	Comments	

Please return your completed form to: