

For Computer'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"/> Texas Identification Number (TIN) <input checked="" type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Social Security Number (SSN)*		Mail code (If not known, leave blank.)
	<input type="checkbox"/> State employee <input checked="" type="checkbox"/> Vendor or other recipient		7 5 6 0 0 0 8 7 3		026
	Payee name Collin County			Phone number 972-548-4641 ext.	
	Mailing address 2300 Bloomdale Rd. #3100		City McKinney	State Tx	ZIP code 75071

Financial Institution (Completion by financial institution is recommended.)

SECTION 3	Financial institution name American National Bank		City Allen	State Tx	
	Routing transit number (9 digits) 1 1 1 9 - 0 1 5 1 - 9		Customer account number (maximum 17 characters) 7 0 0 0 2 0 0 3 5		
	Financial representative name (optional) Colleen Biggerstaff		Title (optional) Operations Supervisor		
	Financial representative signature (optional)		Phone number (optional) 214-863-5929 ext.	Date (optional)	

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 those rules, please contact your financial institution.)		
	sign here Authorized signature 	Printed name Jeffrey May	Date 12/20/17

Cancellation by Agency (for state agency use)

SEC 6	Reason	Date
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Authorized Signature (for state agency use)

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

Please return your completed form to: