

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. TX Div of Emergency Mgmt.

Transaction Types

SECTION 1	1. Select transaction types:	<input checked="" type="checkbox"/> New setup (Sections 2, 3, 5 and 6)	<input type="checkbox"/> Change account type (Sections 2, 3, 4, 5 and 6)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)	
	<input type="checkbox"/> Change account number (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Change custodial agency _____	

Payee Identification

SECTION 2	2. Payee type	<input type="checkbox"/> State employee	<input checked="" type="checkbox"/> Vendor or other recipient	3. Identification number	<input type="checkbox"/> Social Security number (SSN)*	<input type="checkbox"/> Texas Identification Number (TIN)	<input checked="" type="checkbox"/> Employer Identification Number (EIN)	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	4. Mail code (If not known, leave blank.)
	5. Payee name		Collin County		6. Phone (Area code and number)		(972) 548-4641 ext.		
	7. Mailing address (Street, city, state and ZIP code)								
2300 Bloomdale Road #3100			McKinney		TX		75071		

New Account Information (Setups and Changes) (Completion by financial institution is recommended)

SECTION 3	8. Financial institution name	American National Bank		9. City	Allen		10. State	TX	
	11. Routing number (9 digits)	1 1 1 9 - 0 1 5 1 - 9		12. Customer account number (maximum 17 characters)	7 0 0 0 2 0 0 3 5		13. Account type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	14. Financial representative name (optional)	Colleen Biggerstaff		15. Title (optional)	Banking Center Manager				
	16. Financial representative signature (optional)			17. Phone (Area code and number) (optional)	(214) 863-5929		18. Date (optional)		

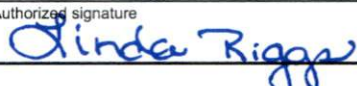
Existing Account Information (Changes Only)

SEC 4	19. Routing number (9 digits)	20. Customer account number (maximum 17 characters)	21. Account type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

International Payments Verification (required)

SEC 5	22. 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 6	I authorize the Texas Comptroller of Public Accounts to electronically deposit my payments from the state of Texas to my financial institution. 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.)		
	23. Authorized signature	24. Printed name	25. Date
	sign here ▶ 	Linda Riggs	01.28.2021

Cancellation by Agency (for state agency use)

SEC 7	26. Reason	27. Date

State Agency Contact (for state agency use)

SECTION 8	28. Authorized signature	29. Date
	30. Phone (Area code and number)	31. Agency number
	32. Agency name	300
	33. Comments	Governor's Office

34. Please return to the paying agency at the following address: Governor's Office Accounts Payable/Direct Deposit Program 1100 San Jacinto Boulevard, 3rd Floor Austin, TX 78701-1935 Phone: 512-463-1776
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