

For Comptroller's use only

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS

- Use only BLUE or BLACK ink.
- Alterations must be initialed.
- Check all appropriate box(es).
- For further instructions, see the back of this form.

TRANSACTION TYPE

| | | |
|-----------|---|---|
| SECTION 1 | <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 & 4) | <input type="checkbox"/> Change account type (Sections 2, 3 & 4) |

PAYEE IDENTIFICATION

| | | | | |
|-----------|---------------------------|---------|---|-------------|
| SECTION 2 | 1. Social Security number | | 2. Mail code (If not known, will be completed by Paying State Agency) | |
| | 3. Name | | 4. Business phone number () | |
| | 5. Mailing address | 6. City | 7. State | 8. ZIP code |

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

| | | | |
|-----------|--|------------------|----------|
| SECTION 3 | 9. I authorize the Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I further understand that the Comptroller of Public Accounts will reverse any payments made to my account in error. | | |
| | I also agree to comply with the National Automated Clearing House Association's rules and the Texas Comptroller of Public Accounts' rules for electronic payments at all times. | | |
| | 10. Authorized signature | 11. Printed name | 12. Date |

FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

| | | | | | | |
|-----------|---|--|--|-----------|--|--|
| SECTION 4 | 13. Name | | 14. City | | 15. State | |
| | 16. Routing transit number | | 17. Customer account number (Dashes required <input type="checkbox"/> YES) | | 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 () | | 23. Date | |

CANCELLATION BY AGENCY

| | | |
|--------|------------|----------|
| SEC. 5 | 24. Reason | 25. Date |
|--------|------------|----------|

PAYING STATE AGENCY

| | | | | |
|-----------|-----------------|--|----------------------|----------|
| SECTION 6 | 26. Signature | | 27. Printed name | |
| | 28. Agency name | | 29. Agency number | |
| | 30. Comments | | 31. Phone number () | |
| | | | | 32. Date |

Note: An employee can receive email or fax notifications providing (1) business day advance notice of their travel payment posting to the direct deposit account.

To enroll in this free service complete the Advance Payment Notification Authorization, Form 74-193, available on the Internet at:

<http://www.window.state.tx.us/taxinfo/taxforms/74-193.pdf>

For additional information or assistance, please contact the Claims Division by:

E-mail: claims.pin@cpa.state.tx.us

Phone: 512/936-8138 in Austin or 800/531-5441 Ext. 6-8138 toll free

INSTRUCTIONS FOR EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code.

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. Section 4 is recommended to be completed by financial institution.
- **CANCELLATION** - 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 Sections 2, 3 & 4.
 - b. Employee should submit form to the **new** paying state agency for completion of Section 6.
- **CHANGE FINANCIAL INSTITUTION**
 - a. Payee completes Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT NUMBER**
 - a. Payee completes Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT TYPE**
 - a. Payee completes Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.

SECTION 2: PAYEE IDENTIFICATION

Item 1 Enter your 9-digit Social Security number.

Item 2 If your 3-digit mail code address identifier 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 is recommended to be completed by financial institution.

NOTE: Alterations to routing, account number and/or type of account must be initialed by the financial institution representative or the payee.

SECTION 5: CANCELLATION BY AGENCY

Sections 5 & 6 to be completed by the paying state agency.

SECTION 6: PAYING STATE AGENCY

Section 6 to be completed by the paying agency if the state agency is submitting the form to the Comptroller's office for processing.

Submit the completed form to your paying state agency.