

For Comptroller's use only

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS (For further instructions, see the back of this form.)

- Submit the completed form to your employing state agency for processing.
- Use only BLUE or BLACK ink.
- Alterations must be initialed.

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 & 5)	<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)

EMPLOYEE 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	

EXEMPTION

SECTION 5	I claim exemption and request payment by state warrant (check) because:					
	24. <input type="checkbox"/> I certify that payment by direct deposit would be impractical and/or more costly to me than payment by warrant.					
	25. <input type="checkbox"/> I am unable to establish a qualifying account at a financial institution.					
26. <input type="checkbox"/> I choose to receive payments by warrant.						
27. Authorized signature		28. Printed name		29. Date		

CANCELLATION BY AGENCY

SEC. 6	30. Reason				31. Date	

PAYING STATE AGENCY

SECTION 7	32. Signature			33. Printed name		
	34. Agency name			35. Agency number		
	36. Comments			37. Phone number ()		38. 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: www.window.state.tx.us/taxinfo/taxforms/74-193.pdf

For additional information on the Advance Payment Notification option, please contact Fiscal Management 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

Submit the completed form to your employing state agency for processing.

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 employee 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 employee wishes to stop direct deposit with the state.
 - a. Employee completes Sections 2, 3 & 5.
- **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. Employee completes Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT NUMBER**
 - a. Employee completes Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT TYPE**
 - a. Employee completes Sections 2, 3 & 4.
 - b. Section 4 is recommended to be completed by financial institution.

SECTION 2: EMPLOYEE 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 employee 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 employee.

SECTION 5: EXEMPTION

Check box 24, 25 or 26 that best applies.

Items 27, 28 & 29 Employee must sign, print their name and date the form.

SECTION 6: CANCELLATION BY AGENCY

Section 6 to be completed by the paying state agency.

SECTION 7: PAYING STATE AGENCY

Section 7 to be completed by the paying agency if the state agency is submitting the form to the Comptroller's office for processing.