

This form may be used by vendors to setup direct deposit or to change existing direct deposit information. In order for this request to be processed, supporting documentation is required. Please include a voided check or a letter from your bank stating direct deposit information to verify banking information.

Request Type

SECTION 1	<input type="checkbox"/> New setup
	<input type="checkbox"/> Change Existing Information

Payee Identification

SECTION 2	<input type="checkbox"/> Federal Employer Identification Number (FEIN) <input type="text"/>	
	<input type="checkbox"/> Social Security Number (SSN) <input type="text"/>	
	Payee name <input type="text"/>	
	Phone number <input type="text"/> ext. <input type="text"/>	
	Mailing address <input type="text"/>	City <input type="text"/> State <input type="text"/> ZIP code <input type="text"/>
Email (for payment notification) <input type="text"/>		

New Account Information

SECTION 3	Financial institution name <input type="text"/>		
	Routing transit number (9 digits) <input type="text"/>	Customer account number (maximum 17 characters) <input type="text"/>	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Financial representative name (optional) <input type="text"/>		Title (optional) <input type="text"/>
	Financial representative signature (optional) <input type="text"/>		Phone number (optional) <input type="text"/> ext. <input type="text"/> Date (optional) <input type="text"/>


International Payments Verification (required)

SEC 4	Will these payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Existing Account Information (Required for Changes and Cancellations)

SEC 5	Routing transit number (9 digits) <input type="text"/>	Customer account number (maximum 17 characters) <input type="text"/>	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Authorization for Setup or Changes (required)

SECTION 6	Pursuant to Section 403.016, Texas Government Code, I authorize Texas State University and/or applicable financial institution as designated by Texas State University System Members to deposit by electronic transfer payments owed to me by Texas State University and if necessary, reversal entries and adjustments for any amounts deposited electronically in error. Texas State University shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this form, the form may be delayed or my payments may be erroneously deposited. I consent to and agree to comply with the National Automated Clearing House Association Rules & Regulations and Texas State University's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		
	sgn here 	Authorized signature <input type="text"/>	Printed name <input type="text"/> Date <input type="text"/>

Instructions for Individual/Sole Proprietorship Direct Deposit Authorization

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you.

Section 1: Request Type

Select the appropriate type of request.

Section 2: Payee Identification

Provide the Federal Employer Identification Number (FEIN) or Social Security Number (SSN) and enter payee contact information.

***Federal Privacy Act Statement**

Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. sec. 405(c)(2)(C)(i); Texas Govt. Code Sections 403.011, 403.056, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

Section 3: New Account Information (Needed for setups and changes)

Completion by financial institution is preferred.

Important: Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information.

Section 4: International Payments Verification

Provide if payments will be forwarded to a financial institution outside the United States.

Section 5: Existing Account Information (Needed for changes to existing account information)

When requesting a change to your existing direct deposit account information, you must complete Section 5 with the existing account information for verification purposes. This measure will help the University verify accuracy of the requested change.

Section 6: Authorization for Setup or Changes

Must be accepted in its entirety and signed. No alterations to the authorization language will be accepted.

Please return completed form to Procurement & Strategic Sourcing by one of the following methods.

Mail:

**Texas State University, Procurement & Strategic Sourcing
601 University Dr., JCK 527
San Marcos, TX 78666
Fax: 512.245.2393**

Email: vendorrequests@txstate.edu

For questions, please contact our office at vendorrequests@txstate.edu.