

**TEXAS A&M UNIVERSITY @
COLLEGE STATION & GALVESTON**

Vendor Direct Deposit Authorization

TRANSACTION TYPE

SECTION 1	<input type="radio"/> New Setup (Section 2, 3, & 4)	<input type="radio"/> Change Financial Institution (Section 2, 3, & 4)
	<input type="radio"/> Cancellation (Section 2, 3, & 4)	<input type="radio"/> Change Account Information (Section 2, 3, & 4)

PAYEE IDENTIFICATION

SECTION 2	1. Social Security or Employer Identification Number (EIN)				2. Mail code (If not known, will be completed by Paying State Agency)			
	3. Name				4. Phone number ()			
	5. Mailing address			6. City		7. State	8. ZIP code	

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	9. Pursuant to Section 403.016, Texas government Code, I authorize the Comptroller of Public Accounts and/or applicable financial institution as designated by Texas A&M University to deposit by electronic transfer payments owed to me by the State of Texas and if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Comptroller's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.							
	Will these payments be forwarded to a financial institution outside the United States?						Yes	No
	10. Authorized Signature			11. Printed Name			12. Date	

FINANCIAL INSTITUTION

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
--------	------------	----------

AUTHORIZATION FOR NOTIFICATION SETUP

SECTION 6	26. By completing this section, I authorize Texas A&M University to send a notification via e-mail address one business day prior to the payment settling in my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.	
	Email: _____	

INSTRUCTIONS FOR VENDOR DIRECT DEPOSIT AUTHORIZATION

SECTION 1: Check the appropriate box(es)

- NEW SETUP**
 - Complete Sections 2, 3, 4 & 6
- CANCELLATION**
 - Payee completes Sections 2 & 3
- CHANGE FINANCIAL INSTITUTION**
 - Payee completes Sections 2, 3 & 4
- CHANGE ACCOUNT NUMBER**
 - Payee completes Sections 2, 3 & 4
- CHANGE ACCOUNT TYPE**
 - Payee completes Sections 2, 3 & 4

SECTION 2: PAYEE IDENTIFICATION

- Item 1** Enter your 9-digit Social Security number or your Federal Employer's Identification (FEI) number.
Item 2 If your 3-digit mail code is not known, it will be assigned by the paying state agency.

SECTION 3: AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

Items 9, 10, 11 & 12 Individual authorizing must sign, print their name and date the form.

NOTE: No alterations to item 9 in this section will be allowed.

If you receive payments via direct deposit which are forwarded from a U.S. financial institution to a financial institution outside the U.S., please contact Texas A&M University @ 979-845-8286.

SECTION 4: FINANCIAL INSTITUTION

- Item 13, 14 & 15** Please fill out the financial institution information
Item 16, 17, & 18 Must be filled out in order to receive direct deposits.

Section 5: Cancellation By Agency

Item 24 & 25 Will be filled out by the state agency.

Section 6; Authorization for Payment Notification Setup

Item 26 Indicate an email address if you would like to receive email notifications prior to receiving payments.

Submit the completed form to TAMU - FMO - Accounts Payable, 6000 TAMU, College Station, TX 77843-6000. If the direct deposit instructions need to be updated or cancelled, you must contact this agency.

(979) 845-8286 office or via fax at (979) 458-4191

Texas A&M University @ College Station & Galveston

Privacy Notice:

State law requires that you be informed of the following:

- (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law);
- (2) you are entitled to receive and review that information; and
- (3) you are entitled to have the information corrected at no charge to you."