

## Vendor Direct Deposit Authorization/ Advance Payment Notification Authorization

### INSTRUCTIONS

- Use only **BLUE** or **BLACK** ink.
- Check all appropriate box(es).
- Alterations must be initialed.
- Keep a copy for your records.

For further instructions, see page 2.

### TRANSACTION TYPE

<b>SECTION 1</b>	<input type="checkbox"/>	New setup	Sections 2, 3 & 4 (6 Optional)	<input type="checkbox"/>	Change account number	Sections 2, 3 & 4
	<input type="checkbox"/>	Cancellation	Sections 2 & 4	<input type="checkbox"/>	Change account type	Sections 2, 3 & 4
	<input type="checkbox"/>	Change financial institution	Sections 2, 3 & 4			

### VENDOR/PAYEE INFORMATION

<b>SECTION 2</b>	1. Texas Identification Number: (Payee Number, SSN or FEIN)	<input style="width: 100%;" type="text"/>	2. Mail Code: (Agency Use ONLY)	<input style="width: 100%;" type="text"/>
	3. Vendor or payee name (Required)	4. Contact phone number (Optional) (     )		
	5. Payment address (Required)	6. City (Required)	7. State (Req.)	8. Zip code (Req.)

### FINANCIAL INSTITUTION INFORMATION (Completion by Financial Institution is Recommended)

<b>SECTION 3</b>	9. Financial institution name (Bank name) (Required)	10. City	11. State
	12. Routing transit number (9 digits)	13. Customer account number (maximum 17 characters)	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	14. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
15. Financial representative name (Optional)	16. Title (Optional)		
17. Financial representative signature (Optional)	18. Phone number (Required) (     )	19. Date (Required)	

### AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

<b>SECTION 4</b>	20. I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. 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.		
	Will these payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
21. Authorized signature (Required)	22. Printed name (Required)	23. Date (Required)	
sign here ▶			

### CANCELLATION BY AGENCY

<b>SEC 5</b>	24. Reason	25. Date
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### AUTHORIZATION FOR ADVANCE PAYMENT NOTIFICATION SETUP

<b>SECTION 6</b>	26. By completing this section, I authorize the Texas Comptroller of Public Accounts 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.	
	Please indicate that you want to receive payment notification by providing an e-mail address.	
	E-mail: _____	
Include payment remittance information? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<p><b>Please return your completed form to:</b></p> <p>DEPARTMENT OF STATE HEALTH SERVICES DSHS Claims Unit MAIL CODE: 1940 P.O. Box 149347 Austin, Texas 78714-9347 Phone number (512) 458 -7435</p>	<p style="text-align: center;"><b>AGENCY USE ONLY</b></p> <p>Processed: _____ Date: _____</p> <p>Verified: _____ Date: _____</p> <p>COMMENTS: _____</p>
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# INSTRUCTIONS FOR DIRECT DEPOSIT AND ADVANCE PAYMENT NOTIFICATION AUTHORIZATION FORM

## SECTION 1

Select the box for your request.

## SECTION 2:

Fill in the blanks for box 1:

**Individuals**, enter your Social Security Number (SSN), or

**Companies**, enter your Federal Employer ID Number (FEIN).

Leave box 2 **blank**.

You **must** fill in boxes 3-8 with your name and address.

## SECTION 3: (Completion by Financial Institution is Recommended)

Fill in boxes 9-19 with your bank account information.

If you need help, contact your bank.

## SECTION 4:

You **must** fill in boxes 20-23. Sign and print your name, and then date the form.

**If you receive state payments via direct deposit which are forwarded from a U.S. financial institution to a financial institution outside the U.S., please contact the Texas Comptroller of Public Accounts at (512) 936-8138 and fax your form to (512) 475-5424.**

## SECTION 5:

Do not fill this in. This section is for the state agency.

## SECTION 6:

If you want to know when your state payments are deposited into your account, fill in your email address.

You will receive the notice by e-mail one business day before the deposit.

If you want details about each remittance, check the box marked "YES".

## HOW TO SUBMIT YOUR FORM:

Mail the completed and signed form to the **Department of State Health Services (DSHS)** at this address:

**DSHS Claims Unit  
A UJ 7 cXY% ( \$  
PO Box 149347  
Austin, TX 78714-9347**

If you need to change something about your direct deposit, call DSHS at (512) 458-7435.

?]XbYm< YUH 7 UY clients call %, \$\$!888! - , \* .

**Keep a copy of this form for your records.**

You have certain rights under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. Call 1-800-531-5441, ext. 68138.