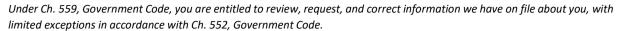
## Texas A&M International University VENDOR DIRECT DEPOSIT AUTHORIZATION



## THE WATTON

## **INSTRUCTIONS**

- Use only BLUE or BLACK ink.
- Alterations must be initialed.

- Check all appropriate box(es).
- Fax this form and copy of voided check to TAMIU Accounts Payable Dept.: 956-326-2139

TRA	TRANSACTION TYPE							
Z	New setup	(Sections 2, 3 & 4)		Change financial in	stitution	(Sections 2, 3 & 4)		
SECTION	Cancellation (Sections 2 & 3)			Change account number		(Sections 2, 3 & 4)		
SEC		,		Change account type		(Sections 2, 3 & 4)		
						, ,		
PA	YEE IDENTIFICATION							
	Social Security number or			2. Mail code (If not known, will be				
	Federal Employer's Identification (FEI)			completed by Paying State Agency)				
	3. Name			4. Business phone number				
)N 2								
SECTION	5. Mailing address		6. C	<u> </u>	7. State	8. ZIP code		
SE				-1	7.0000	0.2		
	9. E-Mail address							
	5. E. Hidi. 333. C55							
ΔΠ	AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION (Required)							
	I authorize the state agency that issues my State of Texas payments via the Texas Comptroller of Public Accounts							
	to electronically deposit my payments to my financial institution. I understand that any payments deposited in error							
	to my account will be reversed by the agency that issues my state of Texas payments via the Texas Comptroller							
	of Public Accounts.							
N 3	I further understand that the agency that issues my state of Texas payments and the Texas Comptroller of Public							
ECTION	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).							
SEC				,		T		
	10. Authorized signature			11. Printed name		12. Date		
	Will these payments be forwarded to a financial institution outside the United States?YESNO							
	If "YES", also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).							
FIN	ANCIAL INSTITUTION (C	ompletion by financia	l institutio	n is recommended	<b>'.)</b>			
	13. Financial institution name		14.	City		15. State		
_	16. Routing transit number 17. Customer account number (Do		t number <i>(Dash</i>	es requiredYES)	18. Type of acco	ount		
SECTION 4					Checking	Savings		
	19. Representative name (Please pri	int)		20. Title	<u> </u>			
SE								
	21. Representative signature (Optional)			22. Phone number		23. Date		

## **CANCELLATION BY AGENCY**

24. Reason 25. Date							