



**INSTRUCTIONS**

- Use only BLUE or BLACK ink.
- Alterations must be initialed
- Financial Institution must complete Section 4.
- Check all appropriate box (es).

<b>TRANSACTION TYPE</b>			
<input type="checkbox"/>	New Setup	(Sections 2, 3 & 4)	<input type="checkbox"/>
<input type="checkbox"/>	Cancellation	(Sections 2 & 3)	<input type="checkbox"/>
<input type="checkbox"/>	Change Acct #	(Sections 2, 3 & 4)	<input type="checkbox"/>
			<input type="checkbox"/>
			Change Financial Institution
			Change Account Type

<b>VENDOR IDENTIFICATION</b>		<b>PLEASE USE REMIT TO ADDRESS LISTED ON YOUR COMPANY INVOICE.</b>	
Name: _____		Mail Code (If not known, will be completed by Agency): _____	
Social Security Number or Tax Identification Number: _____			
Street Address: _____		City: _____	State: _____ Zip Code: _____
email address for remittance: _____			

<b>AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION</b>
<p>Pursuant to Section 403.016, Texas Government Code, I authorize Texas Southern 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. Texas Southern University 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 be erroneously transferred electronically.</p> <p>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electronic transfers, as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.</p> <p>Authorized Signature: _____ Printed Name: _____ Date: _____</p>

<b>FINANCIAL INSTITUTION</b> <i>(Completion by financial institution is recommended.)</i>
Name of Financial Institution: _____ City: _____ State: _____
Routing Transit Number: _____ Customer Account Number: _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Representative Name (Please Print): _____ Title: _____
Representative Signature (Optional): _____ Phone Number: _____ Date: _____

<b>FOR PROCUREMENT USE</b>	
Entered	Verified
By: _____	By: _____
Date: _____	Date: _____

**Instructions For  
Vendor Direct Deposit Authorization**

**Section 1: Check the appropriate box(es)**

- **New Setup** - If payee is not currently on direct deposit.
  - a. Complete Sections 2,3 and 4.
  - b. Section 4 is recommended to be completed by financial institution.
  
- **Cancellation** - If payee wishes to stop direct deposit.
  - a. Payee completes Sections 2 & 3.
  
- **Change Financial Institution**
  - a. Payee completes Sections 2 & 3.
  - b. Section 4 is recommended to be completed by financial institution.
  
- **Change Account Information**
  - a. Payee completes Sections 2 & 3.
  - b. Section 4 is recommended to be completed by financial institution.
  
- **Change Account Type**
  - a. Payee completes Sections 2 & 3.
  - b. Section 4 is recommended to be completed by financial institution.

**Section 2: Vendor Identification**

- Item 1** Enter your 9 digit Social Security Number or your Tax Identification 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 10 - 12** The individual authorizing must sign, print their name and date the form.  
**NOTE:** No alterations to item 9 in this section will be allowed.

**Section 4: Financial Institution**

**Section 4 is recommended to be completed by a financial institution.**

**NOTE:** Alterations to routing and/or account number must be initialed by the financial institution representative or the payee.

**Section 5: Texas Southern University Department of Procurement Services Use Only**