

TEXAS A&M INTERNATIONAL UNIVERSITY

A Member of The Texas A&M University System

1099/1042-S Misc. Income Agreement

Please be advised that in order to comply with IRS Regulations, Texas A&M International University will include/consider all unsubstantiated travel expenses reimbursed or incurred on behalf of a contractor as taxable income. Thereby income in excess of \$600.00 will be reported to the IRS and will generate a 1099 miscellaneous income form for any U.S. contractor. For non-U.S. contractors, taxable income will be reported to the IRS and to the individual on a Form 1042-S.

I understand that any reportable payments made to me or on my behalf will be reported to the Internal Revenue Service (IRS) & myself. Additionally, I certify that I have have not been employed by the Texas A&M System or any of its members within the past 12 months, and I have have not been employed by another state agency at any time during the past two years.

Signature of Contractor	Date
Social Security Number or Federal ID Number	

TEXAS A&M INTERNATIONAL UNIVERSITY VENDOR DIRECT DEPOSIT AUTHORIZATION

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code.

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

TRANSACTION TYPE

N 1	New setup	(Sections 2, 3 & 4)	Change financial institution	(Sections 2, 3 & 4)
NOIT	Cancellation	(Sections 2 & 3)	Change account number	(Sections 2, 3 & 4)
SEC			Change account type	(Sections 2, 3 & 4)

PAYER IDENTIFICATION

FA	PATE IDENTIFICATION					
	Social Security number or Federal Employer's Identification (FEI)		Mail code (If not known, will be completed by Paying State Agency)			
10N 2	3. Name		4. Business phone number			
SECTION	5. Mailing address	6. Ci	ty	7. State	8. ZIP code	
	9. E-Mail address					

AUTHORIZATION FOR SETUP. CHANGES OR CANCELLATION

		.0.1		
SECTION 3	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.) Longent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the University's rules a			
	10. Authorized signature	11. Printed name	12. Date	
	Will these payments be forwarded to a financial institution of	outside the United States?YESNO		

FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

	13. Financial institution name		14. C	ity		15. State
4	16. Routing transit number	17. Customer account number (Dashes r		shes requiredYES) 18. Type of account		
NOI					Checking	Savings
SECTI	19. Representative name (Please print)			20. Title		
S						
	21. Representative signature (Optional)			22. Phone number		23. Date

CANCELLATION BY AGENCY

2	24. Reason	25. Date
SEC.		