

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
TAMU Accounts Payable Dept.: 956-326-2139

TRANSACTION TYPE

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

PAYEE IDENTIFICATION

SECTION 2	1. Social Security number or Federal Employer's Identification (FEI)		2. Mail code <i>(If not known, will be completed by Paying State Agency)</i>	
	3. Name		4. Business phone number	
	5. Mailing address	6. City	7. State	8. ZIP code
	9. E-Mail address			

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION (Required)

SECTION 3	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. I further understand that the agency that issues my state of Texas payments and 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.)		
	10. Authorized signature	11. Printed name	12. Date
	Will these payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES", also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).</i>		

FINANCIAL INSTITUTION *(Completion by financial institution is recommended.)*

SECTION 4	13. Financial institution name		14. City	15. State
	16. Routing transit number	17. Customer account number <i>(Dashes required <input type="checkbox"/> YES)</i>		18. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	19. Representative name <i>(Please print)</i>		20. Title	
	21. Representative signature <i>(Optional)</i>		22. Phone number	23. Date

CANCELLATION BY AGENCY

SEC. 5	24. Reason	25. Date
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For additional information or assistance, please contact the Accounts Payable Department by:
 Email: accountspayable@tamiu.edu Phone: 956-326-2148

Revised 05/21/2025