

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

SECTION 1	New setup	(Sections 2, 3 & 4)	Change financial institution	(Sections 2, 3 & 4)
	Cancellation	(Sections 2 & 3)	Change account number	(Sections 2, 3 & 4)
			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

SECTION 3	<p>9. Pursuant to Section 403.016, Texas Government Code, I authorize Texas A&M International University to deposit by electronic transfer payments owed to me by TAMIU and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. TAMIU 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 may 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 University'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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.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>				
	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				

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 ___ YES)</i>		18. Type of account		
	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
---------------	------------	----------

For additional information or assistance, please contact the Accounts Payable Department by:
Email: accountspayable@tamiu.edu Phone: 956-326-2147