PRINT FORM | CLEAR FIELDS

Comptroller of Public Accounts FORM 74-176 (Rev.1-11/10)

Vendor Direct Deposit / Advance Payment Notification Authorization

This form may be used by vendors or individual recipients
- to receive payments from the state of Texas by direct deposit
- to change or cancel existing direct deposit information

For Comptroller's Use Only

For State Agency Use

- ☐ **Advance Payment Notification**
- ☐ **International Payments Verification**
- ☐ **Interagency Transfer**

Transaction Type

SECTION 1

- ☐ New setup *(Sections 2, 3, 4 and 5 - Section 6 is optional)*
- ☐ Change financial institution *(Sections 2, 3, 4 and 5 - Section 6 is optional)*
- ☐ Change account number *(Sections 2, 3, 4 and 5 - Section 6 is optional)*
- ☐ Change account type *(Sections 2, 3, 4 and 5 - Section 6 is optional)*
- ☐ Cancellation *(Sections 2 and 4 - Sections 7 and 8 for state agency use)*

Payee Identification

SECTION 2

Social Security Number (SSN) or Employer Identification Number (EIN)	Mail code *(If not known, leave blank.)*
Payee name *(Business/Individual)*	Phone number ( ) ext.
Mailing address / City	State / ZIP code

Financial Institution *(Completion by financial institution is recommended.)*

SECTION 3

Financial institution name	City	State
Routing transit number *(9 digits)* – –	Customer account number *(maximum 17 characters)*	Type of account ☐ Checking ☐ Savings
Financial representative name *(optional)*	Title *(optional)*	
Financial representative signature *(optional)*	Phone number *(optional)* ( ) ext.	Date *(optional)*

Authorization for Setup, Changes or Cancellation *(required)*

SECTION 4

I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically.
I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.

I further understand that 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.)*

sign here ▶ Authorized signature	Printed name	Date

International Payments Verification *(required)*

SEC 5

Will these payments be forwarded to a financial institution outside the United States?..... ☐ YES ☐ NO

Authorization for Advance Payment Notification Setup *(optional)*

SECTION 6

I authorize the Texas Comptroller of Public Accounts to send an e-mail notification one business day prior to the payment posting to my account.
I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.

Contact name *(Please print)*	Contact phone number ( ) ext.
E-mail address	

Cancellation by Agency *(for state agency use)*

SEC 7

Reason	Date

Authorized Signature *(for state agency use)*

SECTION 8

sign here ▶ Signature	Date
Phone number ( ) ext.	Agency number
Agency name	
Comments	

Please return your completed form to:

Instructions for Vendor Direct Deposit / Advance Payment Notification Authorization

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exception in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at (800) 531-5441, ext. 6-6057.

Section 1: Select the appropriate transaction type(s).

Section 2: Provide the Social Security Number or Employer Identification Number (EIN).

Section 3: Completion by financial institution is recommended.
Important: Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information.
Note: A prenote test will be sent to your financial institution for the account information entered into the Comptroller's system. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

Section 4: Must be completed in its entirety, and no alterations to the authorization language will be accepted.

Section 5: **If you receive state payments by direct deposit which are forwarded from a United States financial institution to a financial institution outside the United States, please contact the Texas Comptroller of Public Accounts at (512) 936-8138 and FAX your form to (512) 475-5424 or send to tins.mail@cpa.state.tx.us.**

Section 6: Provide the contact name, phone number and e-mail address to which payment notifications are to be sent. Notifications are sent for direct deposit payments only, and e-mails are sent one business day prior to the deposit.

Submit the completed form to the state agency with which you are conducting business. If the agency is unknown, please call (512) 936-8138 to obtain contact information.

For State Agency Use

Section 7: Provide reason for cancellation request.

Section 8: Must be completed if submitting form to the Comptroller's office for international payment verification, advance payment notification or interagency transfer processing. Indicate requested action using the "For State Agency Use" box located at the top of the form.

If an international payments verification, advance payment notification or interagency transfer is requested by the agency, select the desired action(s) in the box on the upper right corner of the form and submit the form to the Comptroller's office. State agencies should complete the direct deposit setup or change prior to submitting the form to the Comptroller's office.