

VENDOR DIRECT DEPOSIT AUTHORIZATION

Contact Information

Company Name _____

Business Name (if different) _____

SAP Vendor Number _____ (if available)

Tax ID / Federal ID _____ (must include this number to process the form)

Contact Name _____

Phone Number _____

Fax Number _____

Email _____ to receive payment notifications from TXSTATE

Remit to _____ Order From (if different) _____

Address _____ Address _____

City _____ City _____

State _____ State _____

Zip Code _____ Zip Code _____

Exemption: I claim exemption and request payment by state warrant (check) because:

Authorized Signature _____ Printed name _____ Date _____

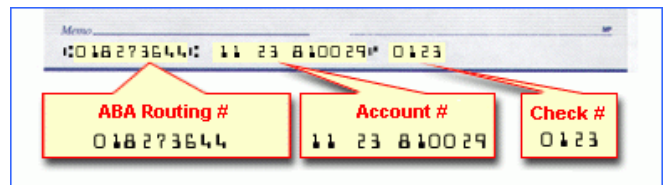
Payment Account Information (for US banks only)

Bank Name _____

Account Type Checking Savings

ACH Routing Number _____

Bank Account Number _____



I hereby authorize Texas State University and the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Texas State University and the Comptroller shall deposit the payments in the financial institution and account designated above. 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.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Texas State University's and 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature _____ Printed name _____ Date _____