

Texas A&M University-Commerce VENDOR DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS

* Use only BLUE or BLACK ink

* Check all appropriate box(es)

* Alterations must be initialed For further instructions, see the back of this form

* Financial institution must complete section 4 or a voided check must be attached

SECTION 1: TRANSACTION TYPE				
☐ New setup (Sections	s 2,3,&4)	Change financial in		
☐ Cancellation (Sections	s 2,3,&5)	•		(Sections 2,3,&4)
4		☐ Change account type (Sections 2,3,&4)		
SECTION 2: EMPLOYEE IDENTIFICATION				
Social Security Number or Fodoral Employed Identification (FEI)		E-Mail Address (for payment information)		
Federal Employer's Identification (FEI)				
3. Name			4. Business Phone Number	
5. Street Address 6. City			7. State	8. Zip Code
SECTION 3: AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION				
6. Pursuant to section 403.016, Texas Government Code, I authorize Wells Fargo, an agent of Texas A&M University-Commerce, to deposit by electronic transfer payments owed to me by the university and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The				
university 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.				
I consent to and agree to comply with the National 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 repeated.				
7. Authorized signature 8. Printed name 9. Date				
DECTION 4. FINANCIAL INICITITION 44. 44				
SECTION 4: FINANCIAL INSTITUTION (Must be completed by financial institution re			esentative if a	a voided check is not provided) 12. State
10. Financiai institution hame	itution name 11. City			12. State
13. Routing transit number	14. Customer account number			15. Type of account
13. Roduing transit number	14. Customer account num	The Gusterner decount number		13. Type of account
			☐ Checking ☐ Savings	
			· · · · · · · · · · · · · · · · · · ·	
16. Representative name (please print)	<u> </u>	17. Title		
18. Representative signature	19. Phone number		20. Date	
SECTION 5: CANCELLATION OF DIRECT DEPOSIT				
21. Reason				22. Date
				1
SECTION 6: BUSINESS OFFICE USE 23. Received by 24. Entered in the system by				
23. Neceived by	24. Entered in the system by			
25. Data entered in the evetem		26 Propote date		
25. Date entered in the system		26. Prenote date		
27. Comments				
27. Comments				

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

Please submit this form to the Financial Services Department, Attention: Accounts Payable P.O. Box 3011 Commerce, TX 75429-3011

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.)

INSTRUCTIONS FOR VENDOR DIRECT DEPOSIT AUTHORIZATION

SECTION 1: Check the appropriate box(es)

- NEW SETUP If payee is not currently on direct deposit with Texas A&M University-Commerce.
 - a. Complete Sections 2, 3, & 4
 - b. Section 4 is recommended to be completed by financial institution.
- CANCELLATION If payee wishes to stop direct deposit.
 - a. Payee completes Sections 2, 3 & 5
- CHANGE FINANCIAL INSTITUTION
 - a. Payee completes Sections 2, 3, & 4
 - b. Section 4 is recommended to be completed by financial institution.
- CHANGE ACCOUNT NUMBER
 - a. Payee completes Sections 2, 3, & 4
 - b. Section 4 is recommended to be completed by financial institution.

SECTION 2: PAYEE IDENTIFICATION

Item 1 Leave the shaded boxes blank if you do not have your 11 digit Comptroller Payee Identification Number. A&M-Commerce will provide the information to be entered in the shaded boxes. Enter your 9-digit Social Security number or your Federal Employer's Identification (FEI) number.

Item 2 Please provide e-mail address for invoice/payment information.

SECTION 3: AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

Items 7, 8, & 9 The individual authorizing must sign, print their name and date the form.

NOTE: No alterations to item 9 in this section will be allowed.

SECTION 4: FINANCIAL INSTITUTION

Section 4 is recommended to be completed by a financial institution **NOTE**: Alterations to routing and/or account number must be initialed by the financial institution representative or the payee.

SECTION 5: CANCELLATION OF DIRECT DEPOSIT

Section 5 must be completed to cancel direct deposit.

SECTION 6: A&M-COMMERCE BUSINESS OFFICE USE (Office use only)

Section 6 will be completed by Texas A&M University-Commerce.

If the direct deposit instructions need to be updated or cancelled, please be sure to fill out the appropriate sections and resubmit this form to Texas A&M University-Commerce.

Accounts Payable, PO Box 3011, Commerce, TX 75429-3011 903-886-5227