

VENDOR DIRECT DEPOSIT AUTHORIZATION

Contact Information

Vendor Name (legal 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

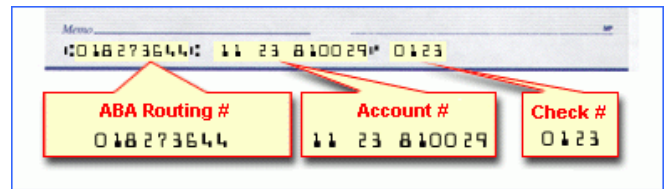
Payment Account Information (for U.S. banks only)

Bank Name

Account Type Checking Savings

ACH Routing Number

Bank Account Number



Will these payments be forwarded to a financial institution outside the United States **(required)?** Yes No

I authorize Texas State University to deposit my payments to my financial institution electronically.

I understand that Texas State University will reverse any payments made to my account in error.

I further understand that Texas State University 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.)

X

Authorized Signature

Printed name

Date

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

X

Authorized Signature

Printed name

Date