

Direct Deposit Authorization

This form may be used by vendors to setup direct deposit or to change/cancel existing direct deposit information.

Transaction Type

SECTION 1	<input type="checkbox"/> New setup
	<input type="checkbox"/> Change Existing Information
	<input type="checkbox"/> Cancellation

Payee Identification

SECTION 2	Payee type	<input type="checkbox"/> Texas Identification Number (TIN) Employer	Enter number here:	
	<input type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Identification Number (EIN) Social Security	_____	
	<input type="checkbox"/> State employee	<input type="checkbox"/> Number (SSN)	Email (for payment notification):	
	Employee ID _____	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	_____	
Payee name		Phone number _____ ext. _____		
Mailing address _____		City _____	State _____	ZIP code _____

New Account Information

SECTION 3	Financial institution name _____		City _____	State _____
	Routing transit number (9 digits) _____		Customer account number (maximum 17 characters) _____	
	Type of account		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	Financial representative name (optional) _____		Title (optional) _____	
Financial representative signature (optional) _____		Phone number (optional) _____ ext. _____		Date (optional) _____


International Payments Verification (required)

SECTION 5	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).</i>

Existing Account Information (Required for Changes and Cancellations)

SECTION 4	Routing transit number (9 digits) _____	Customer account number (maximum 17 characters) _____	Type of account
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorization for Setup, Changes or Cancellation (required)

SECTION 6	I authorize The University of Texas System Administration to deposit my payments to my financial institution electronically. I understand that payments made to my account in error will be reversed. I further understand that The University of Texas System Administration 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.)		
	 Authorized signature _____	Printed name _____	Date _____

**Please upload completed and signed forms at <https://www.utsystem.edu/vendor-maintenance>
For questions email VendorSetUp@utsystem.edu - DO NOT EMAIL FORMS.
Paper forms may be mailed directly to your UT System Department contact.**

Instructions for Direct Deposit Authorization

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.

Section 1: Transaction Type

Select the appropriate transaction type(s).

Section 2: Payee Identification

Provide the Employer Identification Number (EIN) Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) and enter payee contact information.

***Federal Privacy Act Statement**

Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. sec. 405(c)(2)(C)(i); Texas Govt. Code Sections 403.011, 403.056, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

Section 3: New Account Information (Needed for setups and changes)

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.

Section 4: Existing Account Information (Needed for changes to existing account information)

When requesting a change to your existing direct deposit account information, you must complete Section 4 with the existing account information for verification purposes. This measure will help the institution verify accuracy of the requested change.

Section 5: Authorization for Setup, Changes or Cancellation

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