

# TARLETON STATE UNIVERSITY

## ACCOUNTS PAYABLE DIRECT DEPOSIT AUTHORIZATION



Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code.

### INSTRUCTIONS

- Use only BLUE or BLACK ink.
- Alterations must be initialed.
- Check all appropriate box(es).
- Send this form and copy of voided check to  
Business Services, Box T-0120, Stephenville, TX 76402

### TRANSACTION TYPE

<b>SECTION 1</b>	<input type="checkbox"/>	New setup	(Sections 2, 3 & 4)	<input type="checkbox"/>	Change financial institution	(Sections 2, 3 & 4)
	<input type="checkbox"/>	Cancellation	(Sections 2, 3 & 5)	<input type="checkbox"/>	Change account number	(Sections 2, 3 & 4)
	<input type="checkbox"/>			<input type="checkbox"/>	Change account type	(Sections 2, 3 & 4)
	<input type="checkbox"/>			<input type="checkbox"/>		

### PAYEE IDENTIFICATION

<b>SECTION 2</b>	1. Social Security number or Federal Employer's Identification (FEI)			2. Email address		
	3. Name			4. Business phone number		
	5. Mailing address		6. City	7. State	8. ZIP code	

### AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

<b>SECTION 3</b>	<p>9. I authorize Tarleton State University to deposit my payments to my financial institution electronically. I understand that Tarleton State University will reverse any payments made to my account in error. I further understand that Tarleton 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.</p> <p>I consent to and agree to comply with the National Automated 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electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.</p>					
	10. Authorized signature		11. Printed name		12. Date	
	13. Will these payments be forwarded to a financial institution outside the United States?    ___ YES    ___ NO					

### FINANCIAL INSTITUTION (must be completed by financial institution if a voided check is not provided)

<b>SECTION 4</b>	14. Financial institution name		15. City		16. State	
	17. Routing transit number	18. Customer account number (Dashes required ___ YES)		19. Type of account ___ Checking    ___ Savings		
	20. Representative name (Please print)			21. Title		
	22. Representative signature (Optional)			23. Phone number		24. Date

### CANCELLATION OF DIRECT DEPOSIT

<b>SEC. 5</b>	2. Reason	26. Date
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For additional information or assistance, please contact the Accounts Payable Department by:  
**Email:** mhorton@tarleton.edu                      **Phone:** 254-968-9928

#### AP Office Use Only

Received	
Entered	

# Instructions for Accounts Payable Direct Deposit Authorization



## **Section 1: Transaction Type**

Select the appropriate transaction types(s).

New Setup – Select this option if you wish to start receiving direct deposit payments from Tarleton State University for non-payroll payments (travel reimbursements, vendor payments, and expense reimbursements). Complete Sections 2, 3 & 4.

Cancellation – Select this option if you wish to stop future direct deposit payments. Complete Sections 2, 3 & 5.

Change Financial Institution – Select this option if changing both your Routing transit number and Customer account number. Complete Sections 2, 3 & 4.

Change Account Number – Select this option if changing your account number. Complete Sections 2, 3 & 4.

Change Account Type – Select this option if changing your account type from one to another (Checking or Savings). Complete Sections 2, 3 & 4.

## **Section 2: Payee Identification**

Item 1: Provide your 9 digit Social Security number or your 9 digit Federal Employer Identification number

Item 2: Provide your email address

Item 3-8: Provide your Name, Business phone number, and Payment address information.

## **Section 3: Authorization for Setup, Changes or Cancellation**

Item 9-12: Payee's authorized signature, printed name, and the date signed is required. (Alterations to the authorization language not permitted).

Item 13: You must indicate either **YES** or **NO**.

## **Section 4: Financial Institution**

Item 14-24: Must be completed by your financial institution representative if a voided check is not attached. You can complete Section 4 if attaching a voided check to the form.

## **Section 5: Cancellation of Direct Deposit**

Item 25-26: Please provide the reason for your direct deposit cancellation request and date.