



UNIVERSITY OF TEXAS SYSTEM PAYOR INFORMATION FORM

New
Change effective with next payment due ____ / ____ / ____

PAYOR NAME: _____

ADDRESS: _____

COMPANY #: _____

CATEGORY OF PAYMENT: _____

PRIMARY CONTACT: _____

TITLE: _____

PHONE #: (_____) _____ ext. _____ FAX: _____

ELECTRONIC FUNDS TRANSFER INFORMATION (Please indicate your preference by checking one of the boxes below):

ACH Credit with Addenda

ACH Debit If checked, please provide additional information below:

BANK NAME: _____

CITY/STATE: _____

TRANSIT/ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

I hereby authorize the Texas Comptroller of Public Accounts to initiate ACH Debit entries to the financial institution account indicated above for payments owed to the state of Texas. Amounts shall correspond to payment information entered into the TEXNET System for the applicable period. This authorization is to remain in full force and effect until the Comptroller receives written notification from me of termination and has a reasonable opportunity to act on it.

Name: _____

Signature: _____

Date: _____

PLEASE COMPLETE AND RETURN THIS FORM TO:

COMPTROLLER OF PUBLIC ACCOUNTS

CASH MANAGEMENT PROGRAMS

P.O. BOX 12608

AUSTIN, TX 78711

PHONE: 1-800-531-5441, EXTENSION 33010 OR FAX: (512) 463-1364

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. To request information for review or to request error correction, contact us at the address or toll-free number listed on this form.