



TWDB Vendor Set-up and Direct Deposit Form

Agency Use Only

- New Set-up
- New MC
- Other
- Update
- Direct Deposit
- MIP Only

Box 1 Legal Name (as shown on your tax return):

Box 2 DBA:

Box 3 Tax Information Mailing Address: **Box 4** Payment Address (if different from Tax Address):

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City:	State:	Zip:	City:	State:	Zip:
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Phone:	Fax:	Email:
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Box 5 Federal Taxpayer Identification Number: <small>Note: Enter the same number used filing your tax return</small>	<div style="border: 2px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer ID Number (ITIN) <input type="checkbox"/> Texas Taxpayer ID Number (TTIN)
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Box 6 Federal Tax Classification: Business Designation:	<input type="checkbox"/> T=Texas Corporation <input type="checkbox"/> C=Professional Corporation <input type="checkbox"/> E=State Employee <input type="checkbox"/> S=Sole Owner <input type="checkbox"/> I=Individual Recipient <input type="checkbox"/> G=Government Entity <input type="checkbox"/> O=Out-of-State Corporation <input type="checkbox"/> A=Professional Association <input type="checkbox"/> R=Foreign Corporation <input type="checkbox"/> P=General Partnership <input type="checkbox"/> U=State Agency/University <input type="checkbox"/> F=Financial Institution <input type="checkbox"/> L=Limited Partnership <input type="checkbox"/> N=Other (Please Explain):
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Box 7 Profit Status:	<input type="checkbox"/> Profit	<input type="checkbox"/> Non-Profit
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Box 8 Corporation Information:	State of Jurisdiction: <small>(Required if T,L,C,A checked above)</small>	File or Charter Number <small>(Required if T,L,C,A checked above)</small>
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Box 9 Sole Ownership Info:	Sole Owner Name and SSN:
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Box 10 General Partnership Information:	Partner 1 Name and SSN/EIN:
	Partner 2 Name and SSN/EIN:

Box 11 Backup Withholding: <small>Please see IRS Website</small>	<input type="checkbox"/> Exempt from Backup Withholding
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Box 12 Certification:	Under penalties of perjury, I certify that: 1) I have provided my correct taxpayer identification number and that 2) I am not subject to backup withholding as specified on the instruction page for this form and that 3) I am a US citizen or other US person
	Signature:
	Print Preparer's Name:
	Phone Number: Date:

Box 13 Direct Deposit Information (Response Required)

I am currently on Direct Deposit and wish to continue. Sign and date: If checked, stop here

I decline Direct Deposit at this time. Sign and date: If checked, stop here

<input type="checkbox"/> New Set-up	<input type="checkbox"/> Change in Direct Deposit Information	<input type="checkbox"/> Cancel My Direct Deposit
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Financial Institution Name:	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Mail Code:
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Financial Institution Routing Number:	Account Number:
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Will these payments be forwarded to a financial institution outside the United States? (Required) Yes No
If yes, please also fill out the ACH Payment Destination Confirmation (Form 74-227)

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 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.

Authorized Signature Required:

Printed Name Required:	Date:
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