Texas Water Development Board

TWDB Vendor Set-up and Direct Deposit Form

Acceptable Payment Types

☐ Purchase Order ☐ Credit Card

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):		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Fax:		Email:		

Box 5	Federal Taxpayer Identification Number: Note: Enter the same number used filing your tax return	☐ Social Security Number (SSN) ☐ Employer Identification Number (EIN) ☐ Individual Taxpayer ID Number (ITIN) ☐ Texas Taxpayer ID Number (TTIN)
Box 6	Federal Tax Classification: (Ownership Type:) Out of State = Not in Texas	☐ T=Texas Corporation ☐ L=TX Limited Partnership ☐ E=State Employee ☐ O=Out-of-State Corporation ☐ P=Partnership ☐ U=State Agency/University ☐ C=Professional Corporation ☐ S=Sole Owner ☐ A=Professional Association ☐ R=Foreign Corporation ☐ I=Individual Recipient ☐ F=Financial Institution ☐ G=Government Entity ☐ N=Other (Please Explain):
Box 7	Profit Status:	☐ Profit ☐ Non-Profit
Box 8	Corporation Information:	State of Jurisdiction: (Required if T,L,C,A checked above) / File or Charter Number (Required if T,L,C,A checked above)
Box 9	Sole Ownership Info:	Sole Owner Name and SSN:
Box 10	General Partnership Information:	Partner 1 Name and SSN/EIN: Partner 2 Name and SSN/EIN:
Box 11	Backup Withholding: Please see IRS Website	☐ Exempt from Backup Withholding
Box 12	Certification: *Required*	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 & Signature Required)**

☐ I am currently on Direct Deposit with TWDB and wish to continue.		
☐ I decline Direct Deposit at this time.		
☐ New Set-up	☐ Change in Direct Deposit Information	☐ Cancel My Direct Deposit
Financial Institution Name:	Type: ☐ Checking ☐ Savings	Mail Code:
Financial Institution Routing Number:	Account Number:	

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: