



# Tax Refund Direct Deposit Authorization

This form may be used by taxpayers receiving tax refund payments from the State of Texas.

For Comptroller's use only	

## Taxpayer Information

SECTION 1	Enter your 11-digit Texas taxpayer number		Business phone (Area code and number)	
			ext.	
	Business name			
Mailing address		City	State	ZIP code

## Tax Type (Required)

SECTION 2	Place an X beside the appropriate tax type(s).			
	<input type="checkbox"/> Cigarette/Tobacco (T88)	<input type="checkbox"/> Crude Oil (T36)	<input type="checkbox"/> Diesel/Motor Fuel Claim (T00)	<input type="checkbox"/> Diesel/Motor Fuel Tax (T90)
	<input type="checkbox"/> Franchise (T13)	<input type="checkbox"/> Hotel (T75)	<input type="checkbox"/> IFTA (T56)	<input type="checkbox"/> Insurance Maintenance (T72)
	<input type="checkbox"/> Insurance Premium (T71)	<input type="checkbox"/> CNG / LNG (T90)	<input type="checkbox"/> Mixed Beverage Sales (T63)	<input type="checkbox"/> Mixed Beverage Gross Receipts (T73)
	<input type="checkbox"/> Motor Vehicle Rental (T15)	<input type="checkbox"/> Motor Vehicle Sales (T00)	<input type="checkbox"/> Natural Gas (T37)	<input type="checkbox"/> Sales (T26)
<input type="checkbox"/> Seller Finance (T70)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		

## Transaction Type

SECTION 3	<input type="checkbox"/> New setup (Sections 1, 2, 3, 4, 6 and 7)	<input type="checkbox"/> Change account type (Sections 1, 2, 3, 4, 5, 6 and 7)
	<input type="checkbox"/> Change financial institution (Sections 1, 2, 3, 4, 5, 6 and 7)	<input type="checkbox"/> Cancellation (Sections 1, 2, 3 and 7)
	<input type="checkbox"/> Change account number (Sections 1, 2, 3, 4, 5, 6 and 7)	

## New Account Information (Setups and Changes) (Completion by financial institution is recommended.)

SECTION 4	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)	Date (optional)
			ext.	

## Existing Account Information (Changes Only)

SECTION 5	Routing transit number (9 digits)		Customer account number (maximum 17 characters)		Type of account
					<input type="checkbox"/> Checking <input type="checkbox"/> Savings

## International Payments Verification (Mandatory)

SECTION 6	<b>Please note: Your direct deposit will not be set up if box is not checked.</b>	
	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).	

## Authorization for Setup, Changes or Cancellation (Required)

SECTION 7	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 made 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		Date
	Printed name		

## Form Return Information

SECTION 8	Please return your completed form via mail or FAX to:	
	Texas Comptroller of Public Accounts	Help line: 512-936-8138
	Fiscal Management – Direct Deposit Program	FAX: 512-475-5424
	P.O. Box 13528 Austin, TX 78711-3528	

## Instructions for Tax Refund 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.*

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### Section 1: Taxpayer Information

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Enter Texas taxpayer number, business phone, business/payee name and enter payee contact information.

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### Section 2: Tax Type

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Place an "X" in the appropriate box(s) to indicate type of tax refund.

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### Section 3: Transaction Type

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Select the appropriate type of direct deposit transaction.

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### Section 4: New Account Information (Needed for setups and changes)

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Completion by financial institution is recommended.

**Important:** Your direct deposit account information may be different from what is printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information.

**Prenote Test:**

A prenote test will be sent to your financial institution for the account information provided. The prenote test is for a period of six banking days, and it is to verify your account information. If no further action is required by your financial institution, your direct deposit information will become effective when the six banking day prenote time frame has expired.

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### Section 5: Existing Account Information (Needed for changes to existing account information)

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When requesting a change to your existing direct deposit account information, you must complete Section 5 with the existing account information for verification purposes. This measure will help the paying state agency verify accuracy of the requested change.

Any change to banking information begins a prenote test period. See explanation in Section 4, above.

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### Section 6: International Payments Verification

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Check "YES" or "NO" to indicate if direct deposit payments to the account information designated in Section 3 of this form will be forwarded to a financial institution outside the United States.

If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

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### Section 7: Authorization for Setup, Changes or Cancellation

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