

VENDOR DIRECT DEPOSIT AUTHORIZATION

Contact Information

Vendor Name (legal name)	<input type="text"/>	
Business Name (if different)	<input type="text"/>	
SAP Vendor Number	<input type="text"/>	(if available)
Tax ID / Federal ID	<input type="text"/>	(must include this number to process the form)
Contact Name	<input type="text"/>	
Phone Number	<input type="text"/>	
Fax Number	<input type="text"/>	
Email	<input type="text"/> to receive payment notifications from TXSTATE	
Remit to	Order From (if different)	
Address	<input type="text"/>	Address <input type="text"/>
City	<input type="text"/>	City <input type="text"/>
State	<input type="text"/>	State <input type="text"/>
Zip Code	<input type="text"/>	Zip Code <input type="text"/>

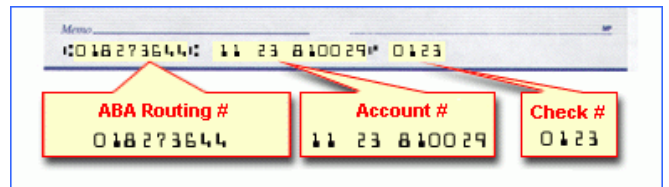
Payment Account Information (for U.S. banks only)

Bank Name

Account Type Checking Savings

ACH Routing Number

Bank Account Number



Will these payments be forwarded to a financial institution outside the United States (**required**)? Yes No

I authorize Texas State University-San Marcos to deposit my payments to my financial institution electronically.

I understand that Texas State University-San Marcos will reverse any payments made to my account in error.

I further understand that Texas State University-San Marcos 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.)

X _____

Authorized Signature Printed name Date

Exemption: I claim exemption and request payment by state warrant (check) because:

X _____

Authorized Signature Printed name Date