

# Agency Authorization for Warrant Pickup

1. Agency name	2. Agency number
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## Part I - Method of Distribution Within Travis County

3. If your agency is within Travis County, you may check more than one box to designate more than one method of distribution.

- If you check more than one box, identify the primary distribution method, that is, the one you will use daily.
- If you check the delivery service box, please enter the name of the company.

<u>Method of Distribution</u>	<u>Primary</u>
<input type="checkbox"/> Agency Representatives	<input type="checkbox"/>
<input type="checkbox"/> Delivery Service _____ <small style="margin-left: 300px;">Company name</small>	<input type="checkbox"/>
<input type="checkbox"/> Texas Procurement and Support Services (TPASS)	<input type="checkbox"/>

*NOTE: All agency and delivery service representatives authorized to pick up warrants from the Comptroller's office must complete Part V of this form with original signatures.*

## Part II - Method of Distribution Outside Travis County (U.S. Postal Service)

4. If your agency is outside the Travis County area, include the address where warrants should be mailed.

- For warrants issued daily, enter the address information in the left box.
- Postdated payroll warrants may, for your convenience, be delivered by overnight courier. Since the overnight courier will not deliver to a post office box, enter a *physical address* in the right box and include department names and suite or room numbers that may be needed.

A. Daily warrants  <hr/> <hr/> <hr/> <hr/> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>City</span> <span>ZIP + 4</span> </div>	B. Postdated payroll warrants ( <i>must be a physical address</i> )  <hr/> <hr/> <hr/> <hr/> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>City</span> <span>ZIP + 4</span> </div>
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## Part III - Contact Information

5. The Comptroller's office may need to contact your agency about warrant distribution.

- Please provide a name, phone number and email for each type of warrant: payroll and bills.
- If one person will be the contact for both payroll and bills, simply enter "Same" in the "Billing contact" box.

Payroll contact	Phone (area code and number)	Billing contact	Phone (area code and number)
Email address		Email address	

## Part IV - Authorized Signature

6. The chief fiscal officer (CFO) or agency head must sign *each page of the form* with an original signature.

**Note:** A CFO or agency head who is authorized to pick up warrants must be included on the authorized agency representative list in Part V in addition to signing the authorized signature box on page 2.

**New CFO or agency head:** The authorization is binding until the succeeding CFO or agency head signs and submits a new form.

- Check the "Replace current Agency Authorization" box.
- The new form must have complete information and original signatures by all authorized representatives.

<div style="display: flex; align-items: center;">          Authorized signature       </div>	Title	Date
Printed name	Phone (area code and number)	Email address

<b>Return form to:</b> Comptroller of Public Accounts Fiscal Management – Payment Services P. O. Box 13528 Austin, TX 78711-3528	For questions, please contact Fiscal Management – Payment Services at <a href="mailto:tins.mail@cpa.state.tx.us">tins.mail@cpa.state.tx.us</a> or call 512-936-8138.
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# Agency Authorization for Warrant Pickup (Continued)

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## Part V - Add or Replace Authorized Agency and/or Delivery Service Representatives

**Important:** Authorized representatives must sign below with original signatures. Signatures below must be identical to signatures given when picking up warrants from the Comptroller's office. The Comptroller's office will release warrants only to the representatives whose signatures appear on this page of the authorization form.

**To add or replace representative(s):**

1. Enter the agency name and number in box 1 and 2.
2. Check either the "Add new Agency Authorized Representative(s)" or the "Replace current Agency Authorization" box. *(Selecting the replace option voids all prior authorizations.)*
3. Enter name(s) of authorized representative(s) and obtain original signature(s) to replace OR add to the existing authorized list.
4. Obtain CFO or agency head signature and submit the form.

Check one:     **Add** new Agency Authorized Representative(s) listed below.  
*(Signature of representative required.)*

**Replace** current Agency Authorization for Warrant Pickup with names listed below.  
*(Signature of representative required. Voids all prior authorization)*

Printed name	Phone (area code and number)	<b>sign here</b> ▶
Printed name	Phone (area code and number)	<b>sign here</b> ▶
Printed name	Phone (area code and number)	<b>sign here</b> ▶
Printed name	Phone (area code and number)	<b>sign here</b> ▶
Printed name	Phone (area code and number)	<b>sign here</b> ▶
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Printed name	Phone (area code and number)	<b>sign here</b> ▶
Printed name	Phone (area code and number)	<b>sign here</b> ▶
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Printed name	Phone (area code and number)	<b>sign here</b> ▶
Printed name	Phone (area code and number)	<b>sign here</b> ▶
Printed name	Phone (area code and number)	<b>sign here</b> ▶

The agency's CFO or agency head must sign the form below with an original signature to authorize the addition/replacement of all representatives on this page. **Note:** If there is a change in the CFO or agency head, this authorization is binding on the successor until a new form is signed and submitted by the new CFO or agency head and by authorized agency and/or delivery service representatives.

<div style="display: flex; align-items: center;">                  Authorized signature             </div>	Printed name	
Title	Phone (area code and number)	Date

# Agency Authorization for Warrant Pickup *(Continued)*

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## Part VI - Delete Authorized Agency and/or Delivery Service Representatives

Notify the Comptroller's office immediately if authorization for a representative needs to be revoked by sending an email to [tins.mail@cpa.state.tx.us](mailto:tins.mail@cpa.state.tx.us). The Comptroller's office must receive written request (or Form 74-189) with authorized signature within five (5) business days of email notification.

**To delete representative(s):**

1. Enter the agency name and number in box 1 and 2.
2. Check the "Delete existing Agency Authorized Representative(s)" box.
3. Enter name(s) of authorized representative(s) to be deleted.
4. Obtain CFO or agency head signature and submit the form.

Delete existing Agency Authorized Representative(s) listed below.

Printed name	Phone <i>(area code and number)</i>
Printed name	Phone <i>(area code and number)</i>
Printed name	Phone <i>(area code and number)</i>
Printed name	Phone <i>(area code and number)</i>
Printed name	Phone <i>(area code and number)</i>
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Printed name	Phone <i>(area code and number)</i>
Printed name	Phone <i>(area code and number)</i>
Printed name	Phone <i>(area code and number)</i>

The agency's CFO or agency head must sign the form below with an original signature to authorize the deletion of all representatives on this page.

Authorized signature	Printed name	
Title	Phone <i>(area code and number)</i>	Date