



AUTOMATIC DIRECT DEPOSIT AGREEMENT

With few exceptions, you are entitled on your request to be informed about the information UT- Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Sections 559.004 of the Texas Government Code, you are entitled to have UT-Dallas correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UT- Dallas collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

VENDOR DIRECT DEPOSIT AUTHORIZATION

Company Name (please print)

Tax ID Number

Address

Phone Number

I authorize UT-Dallas or the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the UT-Dallas or the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that UT-Dallas or 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.)

Bank or Institution Name: _____

City: _____

State: _____

Zip: _____

Check Routing No. _____

Please indicate type of account and provide account number below. (Note: only one account can be selected)

Checking Account No. _____

Savings Account No. _____

Email for remittance advice: _____

International ACH Transaction question:

Will these payments be forwarded to a financial institution outside the United States: Yes ___ NO ___

This authority is to remain in full force and effect until UT-Dallas Procurement Management has received written notification from me of its termination in such time and in such manner as to afford the department and Depository a reasonable opportunity to act on it.

Authorized Signature

Printed Name

Date

When completed, send this form to University of Texas at Dallas, 800 W Campbell Rd, AD34, Richardson, TX 75080; or fax to 972-883-2348