



Sam Houston State University

A Member of The Texas State University System
Disbursement and Travel Services

PO Box 2185 Huntsville, TX 77341 936/294-4801

For Student Use - Vendor - Authorization Agreement for Direct Deposits - (ACH Credits)

Please complete and return signed/dated original to Disbursement and Travel Services.

New Authorization

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Update Existing Authorization

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Cancel Authorization

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		Federal Tax ID#(s)	
Account Name		Vendor E-Mail Contact Address	
Contact Name		Phone Number	
Address			
City		State	Zip
Financial Institution		Contact phone number at Financial Institution	
City		State	Zip
Account Number		Routing Number	

Type of Account: Checking

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Savings

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I certify that the information I provided is correct and that I am an authorized signer or designate of the account provided for direct deposit transactions and am entitled to provide this authorization. I (we) hereby authorize Sam Houston State University to initiate credit entries to that account and financial institution listed above. I (we) further authorize adjusting entries (reversals) to correct errors, if any. This authorization is to remain in full force and effect until Sam Houston State University has received written notification from me (us) of its termination in such time and manner as to afford Sam Houston State University and the depository financial institution opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

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.)

Will these payments be forwarded to a financial institution outside the United States?

Yes

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No

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I do not wish to take advantage of Direct Deposit at this time and request a printed check.

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I hereby request that SHSU terminate Direct Deposit of my payments to my account.

Signature		Date
Printed Name	Title	