



89-103  
(Rev.3-07/2)

# HEALTH AND HUMAN SERVICES COMMISSION PAYOR INFORMATION FORM

New   
Change  effective with next payment due \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PAYOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

FEDERAL ID # / VENDOR ID #: \_\_\_\_\_

CATEGORY OF PAYMENT: INTERGOVERNMENTAL TRANSFERS

CONTACT: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE #: ( \_\_\_\_\_ ) \_\_\_\_\_ ext. \_\_\_\_\_ FAX: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

TRANSIT/ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

I hereby authorize the Texas Comptroller of Public Accounts to initiate ACH Debit entries to the financial institution account indicated above for payments owed to the State of Texas. Amounts shall correspond to payment information entered into the TEXNET System for the applicable period. This authorization is to remain in full force and effect until the Comptroller receives written notification from me of termination and has a reasonable opportunity to act on it.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THIS FORM TO:**

**FAX: (512) 463-1364**

COMPTROLLER OF PUBLIC ACCOUNTS  
CASH MANAGEMENT PROGRAMS  
P.O.BOX 12608  
AUSTIN, TX 78711

**PHONE: (800) 531-5441 extension 3-3010**

*You have certain rights under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or toll-free number listed on this form.*