

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

PO Box 4018 Huntsville, TX 77342-4018

VENDOR MAINTENANCE DIRECT DEPOSIT AND SUBSTITUTE W-9 FORM

Agency Use Only

- CPA AP DDS
- New Set-up New Mail Code
- Other:

Box 1 Legal Name (as shown on your tax return):

Box 2 DBA:

Box 3 Tax Information Mailing Address: **Box 4** Payment Address (If different from Tax Address):

City: State: Zip: City: State: Zip:

Phone: Fax: Email:

Box 5 Taxpayer Identification Number: Social Security Number (SSN)
 Employer Identification Number (EIN)
Note: Enter the same number used when filing your tax return

Box 6 Federal Tax Classification:
 Texas Corporation Limited Partnership Sole Owner
 Out-of-State Corporation General Partnership Individual Recipient
 Foreign Corporation Professional Association Government Entity
 Limited Liability Company Financial Institution TX State Agcy/University
 Other (Please Explain):

Box 7 State Charter Information: State of Jurisdiction: File or Charter Number:

Box 8 Sole Ownership Info: Sole Owner Name and SSN:

Box 9 Partnership Information: Partner 1 Name and SSN/EIN:
Partner 2 Name and SSN/EIN:

Box 10 Profit Status: Profit Non-Profit

Box 11 Backup Withholding: * Please see IRS Website Exempt from Backup Withholding

Box 12 Certification:
Under penalties of perjury, I certify that:
1) I have provided my correct taxpayer identification number and that
2) I am not subject to backup withholding as specified on the instruction page for this form and that
3) I am a US citizen or other US person.
Signature:
Print Preparer's Name:
Phone Number: Date:

Box 13 **DIRECT DEPOSIT INFORMATION**

Direct Deposit Setup Direct Deposit Change Direct Deposit Cancel I Decline Direct Deposit at this time

Financial Institution Name: Type: Checking Savings

Routing Transit Number: Account Number:

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

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.

Authorized Signature Required:

Printed Name Required: Date: