

**Instructions**

- Use only **blue** or **black** ink.
- Alterations must be initialed.
- Check all appropriate boxes.

**A PRE-PRINTED VOIDED CHECK OR BANK LETTER MUST BE ATTACHED FOR NEW SETUPS OR CHANGES**

For further instructions including how to submit form, see Page 2 of this form. Retain a copy for your records

**Transaction Type**

<b>Section 1</b>	<input type="checkbox"/> New Setup (Sections 2, 3, 4 & 5) <input type="checkbox"/> Cancellation (Sections 2, 4 & 5)		<input type="checkbox"/> Change financial information (Sections 2, 3, 4, 5 & 6)
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**Payee Identification**

<b>Section 2</b>	1. Social Security No. or Employer's Identification No.	1A. 7-digit Texas Identification Number <i>(if not known, will be completed by paying state agency)</i>	2. Mail Code - <i>(If not known, will be completed by paying state agency)</i>		
	3. Facility/Provider/Contract/Vendor No.	3A. National Provider Identifier (NPI)			
	4. Name of Payee or Legal Entity (Vendor) (Required)	5. Business or Daytime Area Code and Telephone No. <i>(Required)</i>			
	4A. Doing Business As (DBA) Name (Optional)	6. Email Address			
	7. Vendor Contact Name (Required for vendor)	7A. Vendor Contact Title (Required for vendor)			
	8. Mailing Address <i>(Required)</i>	9. City <i>(Required)</i>	10. State <i>(Req.)</i>	11. ZIP Code <i>(Req.)</i>	

**International Payments Verification** *(required)*

<b>Section 3</b>	Will these payments be deposited or forwarded to a financial institution outside the United States? .....	<input type="checkbox"/> Yes		<input type="checkbox"/> No
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**Authorization for Setup, Changes or Cancellation**

<b>Section 4</b>	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 <i>(Required)</i>	Printed Name <i>(Required)</i>	Date <i>(Required)</i>	

**Current Financial Institution – Required for All Transaction Types** *(Completion by financial institution is recommended for new setups.)*

<b>Section 5</b>	12. Financial Institution (Bank) Name	13. City (Optional)	14. State (Optional)	
	15. Routing Transit No. (9 digits) - -	16. Customer Account No. (maximum 17 digits)	Dashes required? <input type="checkbox"/> Yes	17. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	18. Financial Institution Representative Name <i>(Please print)</i>	19. Area Code and Telephone No.	20. Date	

**New Financial Institution/Account – Required for All Change Transactions** *(Completion by financial institution is recommended.)*

<b>Section 6</b>	21. Financial Institution (Bank) Name	22. City (Optional)	23. State (Optional)	
	24. Routing Transit No. (9 digits) - -	25. Customer Account No. (maximum 17 digits)	Dashes required? <input type="checkbox"/> Yes	26. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	27. Financial Institution Representative Name <i>(Please print)</i>	28. Area Code and Telephone No.	29. Date	

**Cancellation by Agency**

<b>Section 7</b>	Reason	Date
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**With a few exceptions, you have the right to request and be informed about the information that the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact DADS Accounting at 512-438-2410.**

## Instructions for Direct Deposit Authorization

Form 4108, Direct Deposit Authorization, is used to set up, change or cancel direct deposit instructions. Corrections may be made to existing direct deposit instructions by checking the "change" box in Section 1.

**Note: A pre-printed voided check must be attached for new direct deposit setups or changes to existing information. A letter from your financial institution can be submitted as a substitute.**

### Section 1: Check the appropriate box

- **New Setup** – If payee is not currently on direct deposit with this agency.
  - Complete Sections 2, 3, 4 and 5.
  - Financial institution representative is recommended to complete Section 5.
- **Cancellation** – If payee wishes to stop direct deposit with this agency.
  - Payee completes Sections 2, 4 and 5 (indicate account to be canceled).
- **Change Financial Information**
  - Payee completes Sections 2, 3, 4, 5 and 6.
  - The new financial institution representative is recommended to complete Section 6.

### Section 2: Payee Identification

- Item 1** – Enter your nine-digit Social Security Number or Employer's Identification Number. The number entered should be the same number that is currently in use for processing your claims.
- Item 1A** – Enter your seven-digit Texas Identification Number which is a randomly assigned number by the Comptroller's Office that replaces your Social Security Number. If not known, it will be completed by the paying state agency
- Item 2** – If your three-digit mail code is not known, it will be assigned by the paying state agency.
- Item 3** – Enter your Facility, Provider, Contract or Vendor number, if applicable.
- Item 3A** – Enter your National Provider Identifier Number (NPI), if applicable.
- Item 4** – Enter the name of the individual (payee) or business receiving payment. It must be the Legal Entity name.
- Item 4A** – Enter the name of the Doing Business As (DBA), if applicable.
- Items 5 and 6** – Enter a business or daytime telephone number and email address.
- Items 7 and 7A** – If Item 4 is a business, enter a contact name and title.
- Items 8-11** – Enter the mailing address of the individual (payee) or business.

### Section 3: International Payments Verification

Check "YES" or "NO" to indicate if direct deposit payments to the account information designed in Section 5 or 6 of this form will be deposited or forwarded to a financial institution outside of the United States.

### Section 4: Authorization for Setup, Changes or Cancellation

Alterations to this section are not allowed.  
The individual authorizing the setup, change or cancellation must sign, print their name and date the form.

### Section 5: Current Financial Institution

**This section must be completed for all transactions, including cancellations.**

Completion by a financial institution representative is recommended for new direct deposit setup.

**Items 12-14** – Enter the financial institution name. The city and state are optional fields.

**Items 15-17** – Enter the routing number, account number and type of account. Alterations to routing and/or account number must be initialed by the financial institution representative or the payee.

**Items 18-20** – Enter the financial institution representative name, telephone number and date.

### Section 6: New Financial Institution/Account

**This section must be completed for all change transactions.**

Completion by a financial institution representative is recommended.

**Items 21-23** – Enter the financial institution name. The city and state are optional fields.

**Items 24-26** – Enter the routing number, account number and type of account. Alterations to routing and/or account number must be initialed by the financial institution representative or the payee.

**Items 27-29** – Enter the financial institution representative name, telephone number, and date.

### Section 7: Cancellation by Agency

For state agency use only.

Submit the **signed form** one of two ways:

**Fax to:** DADS Accounting at 512-438-5640

**or**

**Mail to:** DADS Accounting, TINs Team, Mail Code E-411  
Texas Department of Aging and Disability Services  
P.O. Box 149030  
Austin, TX 78714-9030

**Note:** A Prenote test will be sent to your financial institution for the account information entered into the Texas Comptroller of Public Accounts system. The Prenote test time frame is for a period of six banking days, and is sent to your financial institution for the purpose of verifying your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six-banking day Prenote time frame has expired.