


 Comptroller  
of Public  
Accounts  
FORM

 AP-152  
(Rev.1-07/9)

For Comptroller's use only

## TEXAS APPLICATION FOR PAYEE IDENTIFICATION NUMBER

• Shaded areas for state agency use only

• See instructions on back

 1. Is this a new account? ☐ YES Mail Code 000 ☐ NO Enter Mail Code  Agency number 

Complete Sections I - V

Complete Sections I, II &amp; V

SECTION I

## 2. PAYEE IDENTIFICATION NUMBER (PIN) - Indicate the type of number you are providing to be used for your PIN

☐ 1 - Federal Employer's Identification (FEI) Number☐ 2 - Social Security Number (SSN)☐ 3 - Comptroller's assigned number

Enter the number indicated

3. Are you currently reporting any Texas tax to the Comptroller's office other than unemployment (e.g., sales tax, franchise tax)?

☐ YES☐ NO

If "YES," enter Texas Taxpayer number .....

SECTION II

## PAYEE INFORMATION (Please type or print)

4. Name of payee (Individual or business to be paid)

5. Mailing address where you want to receive payments

6. (Optional)

7. (Optional)

8. (Optional)

9. City

State

ZIP code

Zone code

10.

SIC code

Security type code

(0, 1, 2)

Payee telephone number

(Area code and number)

SECTION III

## 11. OWNERSHIP CODES - Check only one code by the appropriate ownership type that applies to you or your business.

☐ I - Individual Recipient (not owning a business)☐ E - State Employee

If checked,

enter employing agency number .....

☐ S - Sole Ownership (Individual owning a business) If checked, enter the owner's name and Social Security Number (SSN)

Owner's name

SSN

2

☐ P - Partnership If checked, enter two partner's names and Social Security Numbers (SSN). If a partner is a corporation, use the corporation's Federal Employer's Identification (FEI) Number.

SSN/FEI .....

Name

SSN/FEI .....

Name

Type of service provided

☐ N - Other

If checked, explain.

☐ J - Joint Venture☐ L - Limited Partnership

If checked, enter the Texas

File Number

☐ T - Texas Corporation

If checked, enter the Texas

Charter Number

☐ A - Professional Association

If checked, enter the Texas

Charter Number

☐ C - Professional Corporation

If checked, enter the Texas

Charter Number

☐ O - Out-of-State Corporation☐ G - Governmental Entity☐ U - State agency / University☐ F - Financial Institution☐ R - Foreign (out of U.S.A.)

SECTION IV

12. Payment Assignment? ☐ YES ☐ NO Note: A copy of the assignment agreement between payees must be attached.

Assignee name

Assignee PIN

Assignment date

SECTION V

13. Comments

sign  
here

Authorized signature (Applicant or authorized agent)

Date

Agency name

Prepared by

Phone (Area code and number)

15.

# TEXAS APPLICATION FOR PAYEE IDENTIFICATION NUMBER



## SUSAN COMBS • TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

Claims Division  
Austin, Texas 78774-0100

### WHO MUST SUBMIT THIS APPLICATION -

This application must be submitted by every person (sole owner, individual recipient, partnership, corporation or other organization) who intends to bill agencies of the state government for goods, services provided, refunds, public assistance, etc. The Payee Identification Number (PIN) will be required on all maintenance submitted by state agencies. The use of this number on all billings will reduce the time required to process billings to the State of Texas.

**NOTE: To expedite processing of this application, please return the completed application to the state agency with which you are conducting business. It is not necessary for the payee to sign or complete this form. The state agency representative may complete the form for the payee.**

### FOR ASSISTANCE -

For assistance in completing this application, please call the State Comptroller's Office at 1-800-531-5441, extension 3-3660, toll free nationwide. The Austin number is 512-463-3660.

### NOTICE TO STATE AGENCIES -

*When this form is used to set up additional mail codes, Sections I, II and V must be completed. State agencies may refer to the Texas Payee Information System Guide for additional information.*

### GENERAL INSTRUCTIONS -

- Please write only in white areas. (Shaded areas are for state agency use only.)
- Do not use dashes when entering Social Security, Federal Employer's Identification (FEI) or Comptroller's assigned numbers.
- Disclosure of your Social Security Number is required. This disclosure requirement has been adopted under the Federal Privacy Act of 1974 (5 U.S.C.A. sec. 552a(note)(West 1977), the Tax Reform Act of 1976 (42 U.S.C.A. sec. 405(c)(2)(C) (West 1992), and TEX. GOV'T. CODE ANN. sec. 403.055 (Vernon Supp. 1992). Your Social Security Number will be used to help the Comptroller of Public Accounts administer the state's tax laws and for other purposes. See Op Tex. Att'y Gen. No. H-1255(1978).

### SPECIFIC INSTRUCTIONS -

#### SECTION I - PAYEE IDENTIFICATION NUMBER

Enter a nine-digit Federal Employer's Identification (FEI) Number issued by the Internal Revenue Service if the business is a partnership or corporation, etc. Enter a nine-digit Social Security Number or the nine-digit Federal Employer's Identification (FEI) Number issued by the Internal Revenue Service if a sole owner. Enter the nine-digit Social Security Number if an individual recipient. The comptroller's assigned number is a number issued by the Texas Comptroller's Office for specialized usage. Please enter only ONE of these numbers and check the type of number entered. If known, enter the Texas Taxpayer Number in item 3.

#### SECTION II - PAYEE INFORMATION

Items 4 through 9 - Enter the complete name and mailing address where you want payments to be received. Names of individuals must be entered first name first. Each line cannot exceed 50 characters including spaces. If the name is more than 50 characters, continue the name in Item 5 and begin the address in Item 6. Item 9 - Enter the city, state and ZIP code.

#### SECTION III - OWNERSHIP CODES

Item 11 - Check the box next to the appropriate ownership code and enter additional information as requested. Please check only one box in this section. The Secretary of State's Office may be contacted at 512-463-5555 for information regarding Texas charter or file numbers.

#### SECTION IV - PAYMENT ASSIGNMENT

Item 12 - Use when one payee is assigning payment to another payee. When setting up an assignment payment, fill out this section completely and include the assignment agreement between the assignee and the assignor.

#### SECTION V - COMMENTS AND IDENTIFICATION

Item 13 - Enter any additional information that may be helpful in processing this application. Items 14 and 15 are for identification purposes. Always complete the identification section, including comments and authorized signature.

*Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or toll-free number listed on this form.*

# Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

## Transaction Types

SECTION 1	1. Select transaction types:
	<input type="checkbox"/> New setup (Sections 2, 3, 5 and 6) <input type="checkbox"/> Change account type (Sections 2, 3, 4, 5 and 6)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, 5 and 6) <input type="checkbox"/> Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4, 5 and 6) <input type="checkbox"/> Change custodial agency _____

## Payee Identification

SECTION 2	2. Payee type	3. Identification number	4. Mail code (If not known, leave blank.)
	<input type="checkbox"/> State employee <input type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Social Security number (SSN)* <input type="checkbox"/> Texas Identification Number (TIN) <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) <input type="checkbox"/> Employer Identification Number (EIN)	
	5. Payee name	6. Phone (Area code and number)	
	7. Mailing address (Street, city, state and ZIP code)	( ) ext.	

## New Account Information (Setups and Changes) (Completion by financial institution is recommended)

SECTION 3	8. Financial institution name	9. City	10. State
	11. Routing number (9 digits)	12. Customer account number (maximum 17 characters)	13. Account type
	14. Financial representative name (optional)	15. Title (optional)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	16. Financial representative signature (optional)	17. Phone (Area code and number) (optional)	18. Date (optional)

## Existing Account Information (Changes Only)

SEC 4	19. Routing number (9 digits)	20. Customer account number (maximum 17 characters)	21. Account type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

## International Payments Verification (required)

SEC 5	22. Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).
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## Authorization for Setup, Changes or Cancellation (required)

SECTION 6	I authorize the Texas Comptroller of Public Accounts to electronically deposit my payments from the state of Texas to my financial institution. 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.)		
	23. Authorized signature	24. Printed name	25. Date

## Cancellation by Agency (for state agency use)

SEC 7	26. Reason	27. Date
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## State Agency Contact (for state agency use)

SECTION 8	28. Authorized signature	29. Date
	30. Phone (Area code and number)	31. Agency number
	32. Agency name	
	33. Comments	

34. Please return to the paying agency at the following address:

## Instructions for Direct Deposit Authorization

**You have certain rights** under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.

### Section 1: Transaction Type(s)

1. Select the appropriate **transaction type(s)** and complete the corresponding sections.

**Note:** Requests to change custodial agency number are processed based on Payment Services research and guidelines.

### Section 2: Payee Identification (Required)

2. **Payee type:** Indicate whether the payee is a **state employee** or a **vendor/recipient**.

**Note:** Agencies must complete box 34 with the appropriate agency's return address for the selected payee type.

3. **Identification number:** Indicate the type of identification number and provide the associated 9- or 11-digit number.  
 4. **Mail code:** Enter the 3-digit mail code.  
 5. **Payee name:** Enter the payee's name.  
 6. **Phone:** Enter the payee's area code, phone number (and extension, if applicable).  
 7. **Mailing address:** Enter the payee's mailing address, city, state and ZIP code.

### Section 3: New Account Information (Setups and changes) (Completion by financial institution is recommended)

8. **Financial institution name:** Enter the name of the payee's financial institution.  
 9. **City:** Enter the city of the payee's financial institution.  
 10. **State:** Enter the 2-character abbreviation for state of the payee's financial institution.  
 11. **Routing number:** Enter the 9-digit routing number of the payee's financial institution.  
 12. **Customer account number:** Enter the payee's account number (maximum 17 characters).  
 13. **Type of account:** Indicate whether the payee's account type is a checking account or a savings account.  
 14. **Financial representative name:** (optional) Enter the name of the financial representative.  
 15. **Title:** (optional) Enter the title of the financial institution representative.  
 16. **Financial representative signature:** (optional) Original signature of the financial representative.  
 17. **Phone:** (optional) Enter the area code, phone number (and extension, if applicable) of the financial representative.  
 18. **Date:** (optional) Enter the date the financial representative signed the form.

### Section 4: Existing Account Information (Changes only)

19. **Routing number:** Enter the 9-digit **routing number** currently on file with the Comptroller's office.  
 20. **Customer account number:** Enter the payee's **account number** currently on file with the Comptroller's office.  
 21. **Account type:** Select the payee's **account type** currently on file with the Comptroller's office.

### Section 5: International Payments Verification (Required)

22. **Payment Destination:** Select **YES** or **NO** to indicate if state payments will be forwarded to a financial institution outside the U.S.  
**Note:** If **YES**, the payee must also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

### Section 6: Authorization for Setup, Changes or Cancellation (Required)

23. **Authorized signature:** Original signature of the payee is required.  
 24. **Printed name:** Enter or print the name of the payee or vendor/recipient signing the form.  
 25. **Date:** Enter or print the date the form was signed.

### Section 7: Cancellation by Agency (for state agency use)

26. **Reason:** Enter the reason for cancellation of the payee's direct deposit information.  
 27. **Date:** Enter the date the cancellation was determined.

### Section 8: State Agency Contact (for state agency use)

28. **Authorized signature:** Original signature of the agency's authorized representative is required.  
 29. **Date:** Enter the date the agency's representative signed the form.  
 30. **Phone:** Enter the area code, phone number and extension (if applicable) of the agency's representative.  
 31. **Agency number:** Enter the 3-digit agency number.  
 32. **Agency name:** Enter the agency's name.  
 33. **Comments:** (optional) Enter comments, if needed.  
 34. **Return to Paying State Agency:** This area autopopulates with the name and address of the paying state agency to which this form will be returned.

#### Questions?

**State Employees:** Contact your agency's Human Resource department or payroll staff.  
**Vendors/Recipients:** Contact the paying agency's accounts payable staff.  
**State Agencies:** Contact Fiscal Management, Payment Services at 512-936-8138.