



**Texas Education Agency  
Vendor Setup Form, Substitute W-9 and Direct Deposit Form**

Box 1:	Legal Name (as shown on your Federal Tax Return):
Box 2:	Business Name (if different from Box 1):
Box 3:	Tax Information Mailing Address:

City:	State:	Zip:
Phone:	Fax:	Email:

County District #:	DUNS #:	Expiration Date:
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Box 4:	Payment Address (if different from Tax Address):	
City:	State:	Zip:
Phone:	Fax:	Email:

Box 5:	Federal Taxpayer Identification Number:	<b>Note: Enter only one number and the same number used when filing your tax return.</b>
		Social Security number (SSN):
		Employer Identification Number (EIN):

Box 6:	Federal Tax Classification or Business Designation:	Using the key below; Please enter the letter corresponding to the type of entity your business is:		
		A = Professional Association	C = Professional Corporation	E = State Employee
		F = Financial Institution	G = Governmental Entity	I = Individual Recipient
		L = Texas Limited Partnership	O = Out of State Corporation	P = Partnership
		R = Foreign	S = Sole Owner	T = Texas Corporation
	U = State Agency or University	N = Other: Please explain:		

Box 7:	Profit Status:	Profit	Non- Profit
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Box 8:	Corporation Information:	State of Jurisdiction:	File or charter Number:
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Box 9:	Sole Owner Information:	Sole Owner Name:
		Sole Owner SSN or ITIN:

Box 10:	General Partnership Information:	Partner 1 Name:
		Partner 1 SSN/EIN/ITIN:
		Partner 2 Name:
		Partner 2 SSN/EIN/ITIN:

Box 11:	Backup Withholding:	Exempt from Backup Withholding. Please see IRS website for details.
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**Direct Deposit Information (Response Required)**

Box 12:	New Account Information (Setups and Changes)
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I am currently on Direct Deposit and wish to continue:	I decline Direct Deposit at this time:
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New Setup:	Change in Direct Deposit Information:	Cancel My Direct Deposit:
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Financial Institution Name:
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Address (include City, State and Zip):
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Routing Number:	Account Type:
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Account Number:	Checking:	Savings:
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Box 13:	Current Account Information (Complete only for direct deposit information changes)
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Routing Number:	Account Type:
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Account Number:	Checking:	Savings:
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Box 14:	Will payments be forwarded to a financial institution outside the U.S.:	Yes:	No:
	<b>If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Comptrollers Form 74-227).</b>		

Box 15:	Certification of TEA Vendor Setup, Substitute W-9 and Direct Deposit Form
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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 withholdings as specified on the IRS website and that;
- 3) I am a US citizen or other US person as defined on the IRS website.

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.)

Authorized Signature Required:	Title:
Printed Name Required:	Date Required: