

ADVANCE PAYMENT NOTIFICATION AUTHORIZATION PROCESSED BY:

• For vendors receiving direct deposit payment(s) from the State of Texas.

 For State of Texas employees receiving travel reimbursement payment(s) by direct deposit. Instructions for completing this form are printed on the reverse side. 			VERIFIED BY:		DATE:	
Un	der Ch. 559, Government Code, you are entitled to review, request, and	correct information	we have on file	e about you, with I	imited exceptions i	
	cordance with Ch. 552, Government Code. To request information for review AYEE IDENTIFICATION (REQUIRED)	or to request error o	correction, conta	ect us at the addres	s listed on this forn	
37	1. 11-digit Texas Identification Number (TIN)	2. EIN / SSN. If TIN	l is not known,	provide a 9-digit Fe	deral Employer	
N 1		Identification Numb	Jei (Eliv) di 9-c	ngii sociai security	Number (SSN)	
SECTION 1						
SE	3. Payee name (Business / Individual)					
NO	DTIFICATION and MAIL CODE SELECTIONS 4. Contact name (Print)(Required)		- C Dhono		T-1/25	
	4. Contact hame (Fint)(Neganea)			number (Area cod	ae)(Requirea)	
	6. Title (Optional)		(<u> </u>		
	G. The (Ophonia)					
	Choose one (1) method to receive your payment notification by providing either an E-mail address or FAX number. (Must provide one)					
	7. E-mail address		E-mail add	x if changing an exi dress. Indicate on lir	ne 10 the	
42			Mail Code	e(s) where change i	s needed.	
SECTION 2	8. FAX number ()			x if changing an exi		
SEC				er. Indicate on line (s) where change i		
	9. Payment remittance (Must select one)					
Check box if you DO wish to see payment remittance information on your notification.						
	Check box if you DO NO T wish to see payment remittance information on your notification.					
	encore dex in you do not want to see payment remittance unformation on your notification.					
	Please indicate the direct deposit mail code(s) for which payment notification is to be sent. If you are unsure about which mail code to use, please kip items 10 and 11. See instructions on back for additional information.					
	10. New / Add				1	
	Mail Codes Please indicate the direct deposit mail code(s) for which you no longer wi	sh to receive an adv	nce payment n	etification		
	11. Delete	on to receive an adva	ance payment in	ouncation.		
	Mail Codes		1			
ΑU	THORIZATION (REQUIRED)					
	I authorize the Texas Comptroller of Public Accounts to send Advance Payr or FAX number designated in Section 2 above. I understand that payment	ment Notifications for	the Mail Code(s	s) indicated and to t	he E-mail address	
3	tial and therefore exempt from public disclosure.	nouncations may inci	ude payment in	formation that is co	nsidered confiden-	
NOL	12. Authorized signature		13. Date			
SECTION 3	sign here					
	14. Printed name	15. Title				
รบ	SUBMIT TO:					

16. Mail address: TEXAS COMPTROLLER OF PUBLIC ACCOUNTS Claims Division - Direct Deposit Program P.O. Box 13528 Austin, TX 78711-3528

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS Claims Division - Direct Deposit Program (512) 475-5424

AGENCY USE ONLY

_ DATE: _

Form 74-193 (Back) (Rev. 1-06/5)

INSTRUCTIONS FOR ADVANCE PAYMENT NOTIFICATION

PURPOSE:

The Advance Payment Notification option is available to vendors receiving direct deposit payment(s) from the State of Texas, and to State of Texas employees who wish to receive notification of their travel reimbursement payment(s) issued by direct deposit. Notifications provide you with (1) business day advance notice prior to the payment posting to your bank account.

SECTION 1: PAYEE IDENTIFICATION (Required)

1. 11-digit TIN: Provide your 11-digit vendor number, referred to as the Texas Identification Number (TIN) or

2. EIN/SSN: If the 11-digit TIN is not known, provide your 9-digit Federal Employer Identification Number

(EIN) or your 9-digit Social Security Number (SSN).

3. Payee name: PRINT the name of the business or individual to whom direct deposit payments are made.

SECTION 2: NOTIFICATION and MAIL CODE SELECTIONS

4. Contact name (Required): PRINT the name of the person to be contacted should questions arise regarding this form.

5. Phone number (Required): Provide the area code, phone number and extension (if applicable) for the contact name.

6. Title (Optional): Provide the working title for the contact name.

7. E-mail address: If you wish to receive your advance payment notification by E-mail, on line 7 provide

the E-mail address where notification is to be sent. Otherwise, leave line 7 blank and continue with line 8. Check the box to indicate a change to an existing E-mail

address.

8. FAX number: If you wish to receive your advance payment notification by FAX, on line 8 provide the

FAX phone number where notification is to be sent. Leave line 8 blank if an E-mail address has already been provided on line 7. Check the box to indicate a change

to an existing FAX number.

9. Payment remittance: Check the appropriate box to indicate whether or not to include payment

remittance information on your notification. Payment remittance can include: the paying state agency's document number; itemized invoice number,

description, payment and interest amounts.

10. Add mail codes: Designate up to six direct deposit mail codes for advance payment notification. You may

submit a separate form to designate additional mail codes if needed.

Note: A mail code is a 3-digit number used in the processing of payments to identify a particular mailing address or specify an account for direct deposit payments. If you are unsure about which mail code to use, please leave it blank.

11. Delete mail codes: List mail code(s) for which you no longer wish to receive payment notification.

SECTION 3: AUTHORIZATION (Required)

12. Authorized signature: Signature of individual responsible for approving the receipt of Advance Payment

Notifications.

13. Date: P

Provide the date of authorized signature.

14. Printed name:

Provide the printed name of authorized signature.

15. Title:

Provide the title of authorized person.

SECTION 4: SUBMIT TO:

16. Mail address:

Completed form may be mailed to the address in this section.

17. FAX number:

Completed form may be faxed to the FAX number provided in this section.

HELPFUL INFORMATION

The Advance Payment Notification Authorization, Form 74-193, and the Vendor Direct Deposit Authorization, Form 74-176, and the Direct Deposit Authorization for state employees, Form 74-158, are available on the Internet at:

http://www.window.state.tx.us/taxinfo/taxforms/74-193.pdf http://www.window.state.tx.us/taxinfo/taxforms/74-176.pdf http://www.window.state.tx.us/taxinfo/taxforms/74-158.pdf

Payment remittance, mail code and other types of payment information can be found using the Internet at: http://www.window.state.tx.us/fm/payment/.

Non-confidential vendor payment information is available by fax by dialing the State-to-Vendor Fax Line at:

English: 512/936-3461 in Austin 877/570-0844 toll free Spanish: 512/936-3462 in Austin 877/570-0830 toll free

For additional information or assistance, please contact the Claims Division by:

E-mail: claims.pin@cpa.state.tx.us

Phone: 512/936-8138 in Austin or 800/531-5441 Ext. 6-8138 toll free