



Health and Human Services Commission Payor Information Form

New ☐
Change ☐ Effective date of change(s) ____ / ____ / ____

Payor name: _____

Address: _____

Federal ID #: _____

Category of Payment: **Intergovernmental Transfers**

Contact: _____

Title: _____

Phone #: _____ ext. _____ FAX: _____

Bank name: _____

City/State: _____

Transit/Routing number: _____

Bank account number: _____

I hereby authorize the Texas Comptroller of Public Accounts to initiate ACH Debit entries to the financial institution account indicated above for payments owed to the State of Texas. Amounts shall correspond to payment information entered into the TEXNET System for the applicable period. This authorization is to remain in full force and effect until the Comptroller receives written notification from me of termination and has a reasonable opportunity to act on it.

Name: _____

Signature: _____

Date: _____

For assistance in completing this form, contact the TEXNET Hotline at (800) 531-5441, ext. 3-3010.

PLEASE COMPLETE AND RETURN THIS FORM TO:

EMAIL: Treasury.CSM.Cash.Mgmt.Programs.Section@cpa.texas.gov

or

COMPTROLLER OF PUBLIC ACCOUNTS

Cash & Securities Management Division

Cash Management Programs

P.O. Box 12608

Austin, TX 78711-2608