



**TEXAS DEPARTMENT OF AGRICULTURE**  
**National Organic Certification**  
**Cost Share Reimbursement**  
**Request for Application**

COMMISSIONER SID MILLER

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**Please read all materials before preparing and submitting the application.** Failure to follow the instructions and requirements described in this Request for Grant Application (RFGA) may result in the disqualification of the application.

**NOTICE REGARDING THE INCLUSION OF CONFIDENTIAL,  
PROPRIETARY, TRADE SECRET, OR PRIVILEGED INFORMATION IN AN  
APPLICATION**

**Please take notice of the following:**

**If it is necessary for Applicant to include proprietary or otherwise confidential information in its application or other submitted information, Applicant must clearly mark and label all confidential, proprietary, trade secret or privileged material in bold 14 point or higher font on each page as it appears, and identify the specific exception to disclosure in the Texas Public Information Act (PIA) for each specific piece of confidential, proprietary, trade secret or privileged information. Additionally, all confidential, proprietary, trade secret or privileged information must be segregated in a separate and discrete section of the application, which must be able to be conveniently separated and detached from the other sections of the application. Failure to properly label, identify, and segregate any confidential, proprietary, trade secret or other privileged information in the application may result in all such information or material being disclosed as public information. Merely making a blanket claim that the entire application is protected from disclosure because it contains any amount of confidential, proprietary, trade secret or privileged information is not acceptable, and shall make the entire application subject to release under the PIA. In order to initiate the process of seeking an Attorney General opinion on the release of confidential, proprietary, trade secret or privileged information, the specific provisions of the application that are considered by Applicant to be confidential, proprietary, trade secret or privileged and confidential must be clearly labeled and segregated as described above. Any information which is not clearly identified as confidential, proprietary, trade secret or privileged shall be deemed to be subject to disclosure pursuant to the PIA.**

**TEXAS DEPARTMENT OF AGRICULTURE**  
**NATIONAL ORGANIC CERTIFICATION COST SHARE PROGRAM**  
**REQUEST FOR GRANT APPLICATION**

## STATEMENT OF PURPOSE

Pursuant to Texas Agriculture Code, §§12.002 and 18.002, the Texas Department of Agriculture (TDA) hereby requests applications for the National Organic Certification Cost Share Program (NOCCSP) designed to assist Texas producers with the cost of organic certification.

## PROGRAM AUTHORITY

The NOCCSP is authorized under section 10606(d) of the Farm Security and Rural Investment Act of 2002 (7 U.S.C. 6523(d)), as amended by section 10004(c) of the Agriculture Act of 2014 P. L. 113–79). Under this authority, Congress authorizes USDA to provide organic certification cost share assistance to producers and handlers of agricultural products who are obtaining certification under the National Organic Program. These producers and handlers may be located within the 50 United States, the District of Columbia, and five U.S. Territories including the Commonwealth of Puerto Rico, Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands.

## ELIGIBILITY

In order to apply for and receive financial assistance through TDA, the applicant must be a Texas-based business that produces organic crops. Operations must possess current USDA organic certification to be eligible to receive reimbursements. This means operations either must have successfully received their initial USDA organic certification from a USDA-accredited certifying agent, or must have incurred expenses related to the renewal of their USDA organic certification from a USDA-accredited certifying agent between October 1, 2019 and September 30, 2020. Operations with suspended, revoked, or withdrawn certifications are ineligible for cost share reimbursement. The applicable National Organic Program (NOP) regulations and resources for certification are available on the NOP website at [www.ams.usda.gov/nop](http://www.ams.usda.gov/nop).

Organic operations, certified to the scopes of crops, wild crops, and/or livestock; and/or handlers are eligible to participate in the NOCCSP.

**WARNING: The Farm Service Agency (FSA) is also offering this National Organic Certification Cost Share Program (NOCCSP). Eligible entities described above may only receive ONE cost-share per organic certificate or category of certification from TDA or FSA, not both. TDA will work with FSA to ensure duplicate awards are not made. If a duplicate award is made, FSA will be the agency to seek collections.**

## FUNDING PARAMETERS

Applications must be complete and have all required documentation to be considered. Applications missing documentation or otherwise deemed incomplete will not be considered for funding until sufficient information has been received by TDA within a timeframe set forth by the agency during the administrative review process.

The cost share program will be conducted on a first come, first served basis.

## ORGANIC OPERATION CERTIFICATION COSTS

Allowable Costs	Unallowable Costs
<ul style="list-style-type: none"> <li>• Application fees</li> <li>• Inspection costs, including travel costs and per diem for organic inspectors</li> <li>• User fees/ sales assessments</li> <li>• Postage</li> <li>• USDA organic certification costs, including fees necessary to access international markets with which AMS has equivalency agreements or arrangements</li> <li>• State Organic Program fees</li> </ul>	<ul style="list-style-type: none"> <li>• Late fees</li> <li>• Inspections due to violations of NOP regulations or State Organic Program requirements</li> <li>• Costs related to non-USDA certifications</li> <li>• Costs related to any other labeling programs</li> <li>• Costs related to Transitional certifications</li> <li>• Materials and supplies</li> <li>• Equipment</li> <li>• Membership fees</li> <li>• Consultant fees</li> </ul>

Payments are limited to 50% (fifty percent) of an individual producer's certification costs, up to a maximum of \$500.00 (five hundred dollars) per certificate or category of certification, per year. Eligible operations may receive one reimbursement per year per certificate or certification scope (if one certificate includes multiple scope certifications). Each certificate may be reimbursed separately. Likewise, each category of certification may be reimbursed separately.

## APPLICATION REQUIREMENTS

Applications must be submitted on the form provided by TDA. The application (form GTBD-167) is available on TDA's website at [www.TexasAgriculture.gov](http://www.TexasAgriculture.gov), under the "Grants & Services" tab, Organic Cost share program web page, or available upon request from TDA by emailing [grants@TexasAgriculture.gov](mailto:grants@TexasAgriculture.gov).

Applications must be submitted to TDA headquarters in Austin, Texas. If mailing the application, please make sure it is in a properly addressed envelope, bearing sufficient postage. To be considered, applications must be signed/certified by the applicant and include required supporting documentation.

## DEADLINE FOR SUBMISSION OF RESPONSES

### LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Applicants must submit one complete, signed application. The application packet, including signed application, must be **received by TDA before close of business (5:00 p.m. CT) on Monday, November 2, 2020**. It is the applicant's responsibility to submit all materials necessary early enough to ensure timely delivery. Applications may be submitted electronically or mailed. Due to public health concerns related to COVID-19, TDA headquarters are closed to the public and TDA will not accept hand-delivered applications. **Late or incomplete applications will not be accepted.**

For questions regarding submission of the proposal and/or TDA requirements, please contact TDA's Grants Office at (512) 463-7448, or by email at [Grants@TexasAgriculture.gov](mailto:Grants@TexasAgriculture.gov).

**Email submission of complete application packet:**

*Grants@TexasAgriculture.gov*

**The e-mail subject line must reference the RFGA title and applicant (Ex: 2020 Organic – “Applicant Name”) and the email must be received by TDA before close of business (5:00 p.m. CT) on Monday, November 2, 2020.** The applicant is solely responsible for ensuring that their complete application, regardless of method of delivery, is sent to, and actually received by TDA in a timely manner and at the proper destination server. TDA will send a confirmation email after the application has been received as soon as administratively possible.

IMPORTANT NOTE: TDA recommends a limit on the attachments to 10MB each. This may require applicants to submit one application in multiple e-mails, so that all required attachments may be submitted without exceeding TDA’s 10 MB attachment limit. Applicants must make sure that each email subject line references the RFGA title and applicant name. Unreadable submissions may be deemed unresponsive and will not be reviewed for funding consideration.

If you are submitting multiple emails, be sure to label your email:

**2020 NOP – “Applicant Name” email 1 of #,  
2020 NOP – “Applicant Name” email 2 of #, etc.**

TDA takes no responsibility for electronic submissions that are captured, blocked, filtered, quarantined or otherwise prevented from reaching the proper destination server by any TDA anti-virus or other security software.

*TDA program staff will send an email acknowledging the receipt of the application as soon as administratively possible with an application ID number.*

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## GENERAL INFORMATION

TDA reserves the right to fund projects partially or fully. TDA reserves the right to negotiate individual elements of any application and to reject any and all applications. Selected projects will receive funding on a cost-reimbursement basis.

### *Applications*

TDA reserves the right to reject all applications and is not liable for costs incurred by the applicant in the development, submission, or review of the application, or costs incurred by the applicant prior to the effective date of the grant agreement.

### *Right to Amend or Terminate Program*

TDA reserves the right to alter, amend, or clarify any provisions, terms, or conditions of this program or any grant awarded as a result thereof, or to terminate this program at any time prior to the execution of an agreement, if TDA deems any such action to be in the best interest of TDA and of the State of Texas. The decision of TDA will be administratively final in this regard.

### *Proprietary Information/Public Information*

The Applicant is responsible for clearly designating any portion of the application that contains proprietary or trade secret information and must state the reason(s) the information is designated as such. Merely making a blanket claim that the entire application is protected from disclosure because it contains proprietary or trade secret information is not acceptable, and may subject the entire application to release under the Public Information Act (PIA), Chapter 552 of the Texas Government Code.

In the event that a public information request for the application is received, TDA shall process such request in accordance with §552.305 of the Texas Government Code. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take appropriate precautions to safeguard trade secrets or any other proprietary information.

All applications submitted under this program are subject to release as public information, unless the application or specific parts of any such application can be shown to be exempt from disclosure under the PIA.

Assistance available in English and Spanish. Please call (512) 463-7448 for help.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

## **GENERAL COMPLIANCE INFORMATION**

1. Grantees (applicants approved for a NOCCSP award) must remain in full compliance with state and federal laws and regulations. Non-compliance may result in termination of the grant or ineligibility for reimbursement of expenses.
2. Records shall be maintained for a minimum of three (3) years after the completion of the project, or as otherwise agreed upon with TDA. If any litigation, claim, negotiation, audit or other action is initiated prior to the expiration of the three-year retention period, then all records and accounts must be retained until their destruction is authorized in writing by TDA. TDA, the Texas State Auditor's Office (SAO), USDA, and the U.S. Office of Inspector General reserve the right to examine all books, documents, records, and accounts relating to the project, including all electronic records, at any time throughout the duration of the agreement until all litigation, claims, negotiations, audits or other action pertaining to a grant is resolved, or until the expiration of the three-year retention period or a final judgment in litigation, whichever is longer. These

agencies shall have access to: all electronic data or records pertaining to the grant project; paper or other tangible documents or records, including the physical location where records are stored; and all locations related to project activities.

3. If the Grantee has a financial audit performed during the time the Grantee is receiving funds from TDA, upon request, TDA shall have access to information about the audit, including the audit transmittal letter, management letter, any schedules, and the final report or result of such audit.
4. Grantees must comply with Texas Government Code, Chapter 783, Uniform Grant and Contract Management, and the Texas Uniform Grant Management Standards (UGMS), along with 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.



# TEXAS DEPARTMENT OF AGRICULTURE

## NATIONAL ORGANIC CERTIFICATION 2020 COST SHARE PROGRAM APPLICATION

COMMISSIONER SID MILLER

Applications **MUST** be received by Close of Business **Monday, November 2, 2020**

**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

### Application Checklist

**REQUIRED:** In order to be eligible for funding, the following items are required:

- 1. **Completed and signed Form GTBD-167.**
- 2. **Completed W-9 IRS Federal Tax Form.** *This form must be resubmitted every year.*
- 3. **Completed Texas Application for Payee Identification Form**  
*(To help TDA make sure payments are issued correctly, this form must match Legal Business Name given on application. This form must be resubmitted every year.)*
- 4. **Direct Deposit Form** – *complete this form to receive your cost share by direct deposit. This form must be resubmitted every year.*
- 5. **Proof of operation’s current organic certification within the qualifying period (Oct. 1, 2019 through Sept. 30, 2020).**  
*NOTE: If you are still waiting on your updated certificate, turn in the copy of your most recent organic certification with your application, even though it may be expired.*
- 6. **Itemized invoice(s) or other documentation demonstrating costs incurred for certification**
- 7. **Proof of payment.** *To be eligible, a producer or handler must have paid fees/expenses related to certification under the National Organic Program between October 1, 2019, and September 30, 2020. Applicant must demonstrate that all payments have been both paid and cleared.*
  - Invoices must include a \$0 balance; or*
  - Cancelled checks can be used, but both sides of the check must be submitted to document all expenses have been paid.*

Applications must be complete and have all required documentation to be considered. Applications missing documentation or otherwise deemed incomplete will not be considered for funding until sufficient information has been received by TDA in a timely manner. The cost share program will be conducted on a first come, first served basis.

### Organic Operation Certification Costs:

Allowable Costs	Unallowable Costs
<ul style="list-style-type: none"> <li>• Application fees</li> <li>• Inspection costs, including travel costs and per diem for organic inspectors</li> <li>• User fees/ sales assessments</li> <li>• Postage</li> <li>• USDA organic certification costs, including fees necessary to access international markets with which AMS has equivalency agreements or arrangements</li> <li>• State Organic Program fees</li> </ul>	<ul style="list-style-type: none"> <li>• Late fees</li> <li>• Inspections due to violations of NOP regulations</li> <li>• Inspections due to violations of State Organic Program requirements</li> <li>• Charges related to non-USDA certifications</li> <li>• Other labeling programs</li> <li>• Transitional certifications</li> <li>• Materials, supplies and Equipment</li> <li>• Membership fees</li> <li>• Consultant fees</li> </ul>

Payments are limited to 50% (fifty percent) of an individual producer’s certification costs, up to a maximum of \$500 (five hundred dollars) per certificate or category of certification, per year. Eligible operations may receive one reimbursement per year per certificate or certification scope (if one certificate includes multiple scope certifications). Each certificate may be reimbursed separately. Likewise, each category of certification may be reimbursed separately.



# TEXAS DEPARTMENT OF AGRICULTURE

## NATIONAL ORGANIC CERTIFICATION

### 2020 COST SHARE PROGRAM APPLICATION

[FOR TDA USE ONLY]  
 File No. \_\_\_\_\_  
 Rec date: \_\_\_\_\_

COMMISSIONER SID MILLER

GTBD-167

**Organization Information**

Full Legal Business Name: \_\_\_\_\_  
*(payment will be issued in this name)*

DBA 'Doing Business As' Name: \_\_\_\_\_  
*(if applicable)*  
 Name listed on Certificate if different than legal business name

Texas County where certified operation is located \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
**Street Address**  
 \_\_\_\_\_  
**City** **State** **Zip Code**

Physical Address: \_\_\_\_\_  
**Street Address**  
 \_\_\_\_\_  
**City** **State** **Zip Code**

**Grant Applicant Contact Information**

Full Name: \_\_\_\_\_  
 First Last  Mr.  Dr.  
 Ms.  Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( ) - Ext. Alt #: ( ) -

Mailing Address: \_\_\_\_\_  
**Street Address** **County**  
 \_\_\_\_\_  
**City** **State** **Zip Code**

Mailing Address: P.O. Box 12847, Austin, Texas 78711  
 Physical Address: 1700 N. Congress Avenue, Austin, Texas 78701  
 Hearing Impaired (800) 735-2989 (TTY) ♦ Voice (800) 835-5832 ♦ (512) 463-7448  
[www.TexasAgriculture.gov](http://www.TexasAgriculture.gov) ♦ E-mail [Grants@TexasAgriculture.gov](mailto:Grants@TexasAgriculture.gov)



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The Texas Department of Agriculture - Organic Cost Share program requires the following Form - Application for Texas Payee ID to be completed every year.

By completing the new form it will not create a new number for you or your organization. This helps program staff ensure cost share payments are made correctly.

# Application for Texas Identification Number

• See instructions on back

	1. Is this a new account?	<input type="checkbox"/> YES    Mail Code 000 Complete Sections 1 - 5	<input type="checkbox"/> NO    Enter Mail Code _____ Complete Sections 1, 2 & 5	Agency number _____	
Section 1	2. <b>Texas Identification Number (TIN)</b> - Indicate the type of number you are providing to be used for your TIN				
	<input type="checkbox"/> Employer Identification Number (EIN) (9 digits)    Enter the number indicated _____ <input type="checkbox"/> Social Security number (SSN) (9 digits) <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) (9 digits) <input type="checkbox"/> Comptroller's assigned number (FOR STATE AGENCY USE ONLY) (11 digits) <b>PLEASE COMPLETE SECTION 2 &amp; 3</b> <input type="checkbox"/> Current Texas Identification Number (FOR STATE AGENCY USE ONLY) (11 digits)				
3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?					If "YES," enter Texas Taxpayer Number _____
Section 2	<b>Payee Information (Please type or print)</b>				
	4. <b>Name of payee</b> (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 _____				
	10. Payee telephone number (Area code and number) _____ SIC code _____ Security type code ( 0, 1, 2 ) _____ Zone code _____				
Section 3	11. <b>Ownership Codes</b> - Check only one code by the appropriate ownership type that applies to you or your business. <span style="color:red; font-size:small;">TDA has added notes to help clarify common mistakes. Click on the yellow box for more details</span>				
	<input type="checkbox"/> <b>I</b> - Individual Recipient (not owning a business) <input type="checkbox"/> <b>L</b> - Texas Limited Partnership: If checked, enter the Texas File Number _____				
	<input type="checkbox"/> <b>S</b> - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) Owner's name _____ SSN / ITIN (9 digits) _____				
	<input type="checkbox"/> <b>T</b> - <b>Texas Corporation</b> : If checked, enter the Texas File Number _____				
	<input type="checkbox"/> <b>A</b> - Professional Association: If checked, enter the Texas File Number _____				
	<input type="checkbox"/> <b>P</b> - <b>Partnership</b> : If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). Name _____ SSN / ITIN / EIN (9 digits) _____				
	<input type="checkbox"/> <b>C</b> - Professional Corporation: If checked, enter the Texas File Number _____				
	<input type="checkbox"/> <b>O</b> - Out-of-State Corporation <input type="checkbox"/> <b>G</b> - Governmental Entity <input type="checkbox"/> <b>U</b> - State agency / University <input type="checkbox"/> <b>F</b> - Financial Institution <input type="checkbox"/> <b>R</b> - Foreign (out of U.S.A.)				
	<input type="checkbox"/> <b>N</b> - Other: If checked, explain. _____				
	Section 4	12. Payment Assignment? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Note: A copy of the assignment agreement between payees must be attached.</i>			
Assignee name _____ Assignee TIN _____    Assignment date _____					
Section 5	13. Comments _____				
	Authorized signature (Applicant or authorized agent) _____ Date _____				
	Agency name _____ Prepared by _____ Phone (Area code and number) _____				
15. _____					

For Comptroller's Use Only		

# 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 Type

<b>SECTION 1</b>	<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)	

## Payee Identification

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

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

<b>SECTION 3</b>	Financial institution name	City	State
	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Financial representative name (optional)	Title (optional)	
	Financial representative signature (optional)	Phone number (optional)	Date (optional)

## Existing Account Information (Changes Only)

<b>SEC 4</b>	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

## International Payments Verification (required)

<b>SEC 5</b>	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).

## Authorization for Setup, Changes or Cancellation (required)

<b>SECTION 6</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.)		
	<b>sign here</b> ▶	Authorized signature	Printed name

## Cancellation by Agency (for state agency use)

<b>SEC 7</b>	Reason	Date

## Authorized Signature (for state agency use)

<b>SECTION 8</b>	<b>sign here</b> ▶	Signature	Date
		Phone number	Agency number
		ext.	
		Agency name	
	Comments		

**Please return your completed form to:**  
 TEXAS COMPTROLLER OF PUBLIC ACCOUNTS  
 Fiscal Management - Direct Deposit Program  
 P.O. Box 13528  
 Austin, TX 78711-3528  
 FAX: 512-475-5424 Phone: 512-936-8138