

TEXNET Change

Please type.

Payor name	11-digit taxpayer number <div style="border: 1px solid black; height: 20px; width: 100%; display: flex; justify-content: space-between;"></div>
Mailing address 	
Type of tax or fee payment (i.e. Sales, Franchise, Motor Fuel, Motor Vehicle Sales, etc.)	
Contact person	Phone number (Area code, number, extension)

CHANGE THE FOLLOWING :

Effective with next payment due ____/____/____

METHOD OF PAYMENT:

ACH Debit

BANK INFORMATION (FOR ACH DEBIT METHOD ONLY): **ACCOUNT TYPE** **CHECKING** **SAVINGS**

I hereby authorize the Texas Comptroller of Public Accounts to initiate ACH Debit entries to the financial institution account indicated below 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 upon it.

Name	
sign here	Date

Bank name
City, State
Transit/Routing number *
Bank account number

* Please verify with your bank that this is the correct number for electronic transactions, which may be different from the number on your check.

ACH Credit with Addenda (THIS IS NOT A CREDIT CARD PAYMENT)

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

PLEASE COMPLETE AND RETURN THIS FORM TO:

FAX: (512) 463-1364
 or
 COMPTROLLER OF PUBLIC ACCOUNTS
 Cash & Securities Management Division
 Cash Management Programs
 P.O. Box 12608
 Austin, Texas 78711-2608

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 phone number listed on this form.