



**Texas Workforce Commission
Vocational Rehabilitation Services
Consumer or Parent/Guardian Information
And Direct Deposit Information**

**This form is not for vendors offering goods or services to Texas Workforce Commission.
Vendors please use DARS 1020 form. (Print or type in text fields.)**

Box 1	<input type="checkbox"/> Consumer	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Family Member/Friend/Other
Select One	Name:		

Box 2	Address:
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City:	State:	Zip: -
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Phone:	Email:
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Box 3	Social Security Number (SSN):	SSN:
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Box 4	Enter Consumer Name and SSN if Parent/Guardian or Family Member/Friend/Other Information was Entered in Box 1:	Name:
		SSN:

Direct Deposit Information

Box 5	New Account Information (Setups and Changes)
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<input type="checkbox"/> I am currently on Direct Deposit and wish to continue	<input type="checkbox"/> I decline Direct Deposit at this time	
<input type="checkbox"/> New Setup	<input type="checkbox"/> Change in Direct Deposit Information	<input type="checkbox"/> Cancel My Direct Deposit

Financial Institution Name:	City:	State:	Zip:
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Financial Institution Routing Number:	Type of Account:
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Account Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Box 6	Existing Account Information (Complete only for direct deposit information changes)
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Financial Institution Routing Number:	Type of Account:
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Account Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Box 7	Will payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 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.

Signature:

Printed Name Required:	Date:
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Agency Use Only

Specifications Needed:

DRS <input type="checkbox"/>	DBS <input type="checkbox"/>	Field Office Name:
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Counselor Name:	Phone:
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RST/Assistant Name:	Phone:
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E-Mail completed form to: VndrSetupMaint_W9@twc.state.tx.us or Fax to: 512-936-3514.