



## Customer or Parent Information and Direct Deposit Form Instructions

Box Number	Instruction
1	<b>Name:</b> Please check the appropriate box and give your legal name as it appears on your ID.
2	Enter your complete and current contact information. This will be the address used for any correspondence mailed or emailed.
3	Enter your Social Security Number.
4	If in box 1 you are giving the parent's or legal guardian's information, please give the consumer's name and Social Security Number for cross-reference purposes.
5	<b>New Account Information (Setups and Changes):</b> Please check the box that is appropriate for this Direct Deposit request. Enter name of financial institution. Check the appropriate box for type of account. Enter the financial institution's routing transit number (9 digits) from the deposit slip for the financial institution listed. Enter the bank account number.
6	<b>Existing Account Information (Complete only for direct deposit information change):</b> When requesting a change to your existing direct deposit account information, you must complete box 6 with the existing account information for verification purposes. This measure will help the Texas Workforce Commission verify accuracy of the requested change.
7	<b>International Payments Verification:</b> Check "YES" or "NO" to indicate if direct deposit payments to the account information designated in Box 5 of this form will be forwarded to a financial institution outside the United States.
Agency Use Only	List any specifications needed. Check the appropriate box for division. Enter the office name. Please give the counselor's and RA or assistant's name and phone number in case you need to be reached to verify any information on this form.



**Texas Workforce Commission  
Vocational Rehabilitation Services  
Customer 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 VR 1020 form. (Print or type in text fields.)**

<b>Box 1 Select One</b>	Customer	Parent/Guardian	Family Member/Friend/Other
Name:			

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

**Direct Deposit Information**

<b>Box 5</b>	New Account Information (Setups and Changes)
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I am currently on Direct Deposit and wish to continue    I decline Direct Deposit at this time

New Setup	Change in Direct Deposit Information	Cancel My Direct Deposit
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Financial Institution Name:	City:	State:	Zip:
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Financial Institution Routing Number:	Type of Account:
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Account Number:	Checking    Savings
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<b>Box 6</b>	Existing Account Information <i>(Complete only for direct deposit information changes)</i>
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Financial Institution Routing Number:	Type of Account:
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Account Number:	Checking    Savings
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<b>Box 7</b>	Will payments be forwarded to a financial institution outside the United States?	Yes	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:

General	BVI	Field Office Name:
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Counselor Name:	Phone:
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RA/Assistant Name:	Phone:
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**E-Mail completed form to: [vr.rhw.providerservices@twc.texas.gov](mailto:vr.rhw.providerservices@twc.texas.gov) or Fax to: 512-936-3514.**