

State Bar of Texas
Vendor Authorization Agreement for Electronic Fund Payment

CHECK ONE: ☐ NEW ☐ CHANGE

Vendor Name: _____

Vendor Address: _____

Vendor authorizes the State Bar of Texas to initiate credit entries to the account indicated below. If monies to which Vendor is not entitled are deposited into such bank account, I authorize the State Bar of Texas to direct the bank to return these funds. This authorization remains in effect until written notification from Vendor is received by the State Bar of Texas cancelling this agreement.

Bank Name: _____

Routing Number: _____

Account No.: _____

Account type (CK/SV): _____

By signing below, the signor asserts that they are authorized to complete the Vendor Authorization Agreement and that the information provided is accurate and complete.

Name (authorized signor): _____

Title: _____

Signature: _____

Date: _____

Phone Number: _____

Email address: _____
(We will send a remittance email to this address.)

I. HOW TO SIGN UP FOR ELECTRONIC PAYMENTS:

1. CHECK BOX FOR NEW OR CHANGE.
2. PROVIDE VENDOR NAME AND ADDRESS.
3. COMPLETE BANK INFORMATION.
4. COMPLETE AUTHORIZED SIGNATURE, TITLE, AND DATE.
5. ATTACH A VOIDED CHECK OR A COPY OF COMPANY CHECK WITH BANK INFORMATION. A SIGNED BANK LETTER CAN ALSO BE INCLUDED.
6. RETURN THIS FORM BY MAIL, OR EMAIL TO:

STATE BAR OF TEXAS
ATTN: ACCOUNTS PAYABLE DEPARTMENT
PO BOX 12487
AUSTIN, TX 78711-2487

EMAIL: ACCOUNTS.PAYABLE@TEXASBAR.COM

PHONE: (512) 427-1428

II. TO CHANGE BANK INFORMATION, PLEASE COMPLETE A NEW FORM FOLLOWING THE SAME PROCEDURES AS OUTLINED ABOVE.