

STUDENT PAYEE INFORMATION FORM
FOR STUDENTS ONLY

Reason for Request: _____ Requestor Name/Dept.: _____ Phone: _____ Email: _____

PART I. STUDENT INFORMATION

Legal Name: _____

University of Texas at El Paso reserves the right to request photo identification to confirm legal name(s)

Social Security #: _____ Student ID#: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____

Country: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

UTEP is requesting disclosure of your SSN in order to report compensation to the Internal Revenue Service, as required by federal law. Further disclosure of your SSN will be governed by the Public Information Act (Chapter 552 of the Texas Government Code) and University policies.

PART II: CITIZENSHIP INFORMATION *(See IRS Publication 519 - US Tax Guide for Aliens for more Information)*

Section A. Citizenship Status

I attest, under penalty of perjury, that I am (check one of the following):

- 1 - A citizen or national of the United States of America
- 2 - A Lawful Permanent US Resident: *Alien/Greencard #:* _____
- 3 - A Non U.S. Resident/Non Resident Alien *(If checked, continue to Section B):*

Section B. Citizenship Status

Country of Citizenship: _____

Withholding. - Non-employee payments to nonresident aliens are subject to 30% tax withholding unless a tax treaty with their country entitles them to either a lower rate or exemption. To claim any available treaty benefits, the recipient must have either a Social Security Number or IRS assigned Tax Identification Number. In addition, IRS form 8233 must be filed with the payer.

PART III: DIRECT DEPOSIT

 New Change Cancel Financial Institution Name: _____

Routing Number (9-Digits): _____

Account Type: Checking Savings Account Number (max 17 characters): _____**Notification:** Request must allow for sufficient time for processing and may not be effective for the next check run. Late requests may result in a check being issued or Direct Deposit to an established account. We strongly suggest leaving your old account open until the deposit into your new account has occurred.**Authorization Agreement:** I hereby authorize the University of Texas to deposit my payments directly to the account listed above (PART III) by way of Direct Deposit (Automated Clearing House (ACH) credit). This authority will remain in force until I have given advanced written notice, or deposit service has been discontinued by the discretion of the University of Texas. I understand that I must provide advance notice to allow reasonable time for my instructions to be executed. I understand that it is my sole responsibility to verify with my financial institution the receipt of my direct deposit funds. I agree to notify the University of Texas within three (3) business days if the deposit has not been made and/or receipt of an incorrect deposit amount. Furthermore, if an incorrect deposit should be made into my account, I authorize my financial institution and the University of Texas to make appropriate adjustment(s) from my account.

PART IV. AUTHORIZED SIGNATURE

Under penalties of perjury, I certify that the information provided on this form is, to the best of my knowledge, true, correct and complete.

Authorized Signature: _____

Please send completed form to The University of Texas at El Paso, Business Services-Accounts Payable,
1900 N. Oregon, Suite 100, El Paso, Texas 79902 or sent via Fax to (915) 747-6620*(Due to the sensitive information, this form should only be faxed or delivered directly to the Accounts Payable Office. For your protection, do not e-mail this form)*

For Institutional Use Only:

Vendor ID: _____

Creator: _____