



# Vendor Payment Instructions Form

Please complete this form to add, change, or delete vendor payment instructions only for your account. *Please allow one (1) business day for the instructions to be added by TexPool Participant Services.*

**Note:** When entering your payment specific invoice information, TexPool can only transmit 22 characters for ACH payments and 35 characters for Wire payments. If you require additional space, please utilize the *Special Wire Instructions Form*.

## 1. Participant Information

Participant Name	Location Number	Date

## 2. Vendor Payment Instructions

**Note:** To ensure proper settlement  validate your bank accepts ACH  
 confirm the Vendor Name below matches the Bank Account Registration

### Instruction 1

Add       Change       Delete

Vendor Name	Bank Name

ABA Number	Bank Account Number	TexPool Account Number

Pool Number:     449 TexPool     590 TexPool Prime

Wire       ACH       Both

### Instruction 2

Add       Change       Delete

Vendor Name	Bank Name

ABA Number	Bank Account Number	TexPool Account Number

Pool Number:     449 TexPool     590 TexPool Prime

Wire       ACH       Both

### 3. Signature

**Note:** This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with TexPool.

By signing below, I authorize TexPool and its transfer agent to act on any instructions believed to be genuine for any service authorized on this form. Provided reasonable processes are used to confirm the instructions are genuine, I agree that Federated Hermes, Inc., the Texas Treasury Safekeeping Trust Company, TexPool, its transfer agent and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and I agree to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions.

\_\_\_\_\_  
Signature of First Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Second Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title

### 4. Delivery Instructions

Please return this document to **TexPool Participant Services:**

**Email:** [texpool@dstsystems.com](mailto:texpool@dstsystems.com)

**Fax:** 866-839-3291