STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION

ACH (AUTOMATED CLEARING HOUSE) CREDITS (NOT WIRE TRANSFERS)

NAME_____________________________________________________________________________________________________

Federal Identification Number or Social Security Number ________________________________________________________________________
(Under which you are doing business with the State)

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to initiate credit entries to my (our) (select type of account)
_______ CHECKING or _______ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY, to
credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me (or either of us) of its termination in
such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

Do you currently receive payments from the STATE through ACH? ____ (Yes or No). If yes, do you intend for this account information to replace
other existing account information currently used by the STATE? ____ (yes or no). If yes, please specify the account that should be changed:  ABA
No. ____________________ Account No. ______________________________________________.
Is this authorization only for certain types of payments? ____ (Yes or No), If yes, please indicate types:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Many banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: ___________________________________________________________
Phone No. ____________________________________________________________

DEPOSITORY/BANK NAME ____________________________________________BRANCH ____________________________
CITY ________________________________________________________________STATE ______________________________
ACH TRANSIT/ABA NO. _______________________________________________ACCOUNT NO. _____________________
NAME(S) _______________________________________________________________________________________________
(Please print names of authorized account signatory)

DATE ______________ SIGNED X ______________ SIGNED X ______________

PLEASE ATTACH A VOIED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED
WHEN PAYMENTS ARE PROCESSED:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Contact name: ___________________________________________________________
Telephone no: ___________________________________________________________

FOR STATE USE ONLY
Contact Agency: ___________________________________________________________
Contact Person: ___________________________________________________________
Telephone No.: ___________________________________________________________

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