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.

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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.** _____

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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** _____

<u>PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP)</u>:

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

_____

_____

_____

_____

Contact name: _____
Telephone no.: _____

<u>FOR STATE USE ONLY</u>:
Contact Agency: _____
Contact Person: _____
Telephone No.: _____

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