



**TENNESSEE DEPARTMENT OF REVENUE
ELECTRONIC FUNDS TRANSFER
ACH CREDIT ENROLLMENT FORM**

- Mandatory
 Voluntary Participation

**RETURN BY FAX TO:
STATE OF TENNESSEE
FAX NO. 615-532-2299**

COMPANY NAME: _____

Co. Contact Person: _____

COMPANY ADDRESS: _____

Phone Number: _____

CITY/ STATE/ ZIP: _____

Fax Number: _____

ACCOUNT TYPE (Type of Tax): _____

FEIN: _____

TN Tax Acct #: _____

Signature

Title

Date