



STATE OF TENNESSEE  
**BENEFITS ADMINISTRATION**  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
19TH FLOOR, WILLIAM R. SNODGRASS TENNESSEE TOWER  
312 ROSA L. PARKS AVENUE  
NASHVILLE, TENNESSEE 37243  
FAX (615) 741-8196

**INDIVIDUAL AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (ACH)**

Subscriber Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employee ID (if known): \_\_\_\_\_

I (we) hereby authorize the State of Tennessee, hereinafter called the State, to initiate debit and credit entries to my (our)  Checking  Savings Account (select one) indicated below, and the depository named below, hereinafter called the Depository, to debit the same to such account.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Transit/ABA No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

This authority is to remain in full force and effect until the State and Depository have 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.

Name (s): \_\_\_\_\_

PLEASE PRINT

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**