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 one 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.

Have you ever received payments from the State through ACH? ______ (Yes or No). If yes, do you intend for this account information to replace existing account information currently used by the State? ______ (Yes or No). If yes, please specify 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 VOIDED 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 – _______________________
PHONE NUMBER – _______________________

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