

**TENNESSEE BOARD of REGENTS**

**Direct Deposit**

**ACH Payment Enrollment Authorization**

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**Check one:**

\_\_\_\_\_ Vendor

**Check one:**

\_\_\_\_\_ Direct Deposit for the first time

\_\_\_\_\_ Direct Deposit change

**VENDOR INFORMATION**

SSN # or Taxpayer ID #: (TIN) \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person Name (if other than payee)  
\_\_\_\_\_

Telephone Number:  
( ) \_\_\_\_\_

Email  
Address \_\_\_\_\_

Fax Number:  
( ) \_\_\_\_\_

**BANKING/FINANCIAL INSTITUTION INFORMATION**

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

Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

9 Digit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: [ ] CHECKING [ ] SAVINGS

I certify that the information provided on this form is correct. I authorize the Tennessee Board of Regents to direct payments to the financial institution designated above and to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all payments issued to the above-named payee by the Tennessee Board of Regents under the designated TIN or SSN until the Tennessee Board of Regents receives written notification from me/us of its termination in such time and manner as to afford all parties a reasonable opportunity to act on it.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*\*Please attach a voided check if applicable and return to:**

TN Board of Regents  
615.366.0781

For TBR office use only

Entered \_\_\_\_\_  
Initials Date

Verified \_\_\_\_\_  
Initials Date