## STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION

ACH (AUTOMATED CLEARING HOUSE) CREDITS (Not Wire Transfers)

| NAME:                   |   |        |
|-------------------------|---|--------|
| Federal Identifica      | ation Number or Social Security Number:   |        |
|                         | (Under which you are doing business with the s  | tate.) |
| (select type of accour  | ize the State of Tennessee, hereafter called the STATE, to initiate credit entries to my nt)   CHECKING SAVINGS account indicated below and the depository number of the depository number of the same to such account. |        |
| •                       | main in full force and effect until the STATE has received written notification from me mination in such time and in such manner as to afford the STATE and DEPOSITORY ity to act on it.                                | •      |
| ******                  | ***************************************   | *****  |
| account information to  | eive payments from the State through ACH? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$   | 1 TOT  |
| ABA No.:                | Account No.:  |        |
| Is this authorization o | only for certain types of payments?   |        |
| If yes please indicate  |   |        |
|                         |   |        |
|                         |   |        |
|                         |   |        |
| *****                   |   |        |
| Many banking institut   | tions use different numbers for ACH. Please call your bank for verification of ACH tra  | nsit   |
| account number.         | solic add american hambere for real in a loader can your barners verification or real ad  |        |
| Bank official contacte  | ed Phone No.  |        |
|                         | ·   |        |
| DEPOSTORY/BANK          | **************************************  | *****  |
| CITY                    | STATE   |        |
| ACH TRANSIT / ABA       | A 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 REMITTA ADVICES ROUTED WHEN PAYMENTS ARE PROCESSED:  | NC     |
| STATE USE ONLY          | 7   |        |
| ITACT AGENCY -          |   |        |
| nessee Arts             |   |        |
| mission                 |   |        |
| NE NUMBER -             | Contact Name:   | _      |
| 741-1701                | Telephone No.:  |        |
|                         |   |        |