



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE - MEDICAID/TENNCARE TITLE XIX PROGRAM

ACH Acknowledgement

I have been granted the authority by the healthcare provider named in this application, to authorize the State of Tennessee, hereafter called the State, to initiate credit entries (deposits) to the bank account designated in this form, and for the depository designated in this form to credit the same to such account. This authorization will remain in full force and effect until the State has received written notification from me of its termination in such time and in such manner as to afford the state and depository a reasonable opportunity to act on it.