



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243
<http://www.tennessee.gov/tenncare/>

Direct Deposit Enrollment

The Bureau of TennCare is pleased to continue financial provision for our providers. It is important for you to know about changes being made that will affect your business transactions take place.

In order to better serve both you and the State of Tennessee it is vital for us to make payments with and ACH (Automated Clearing House) or direct deposit method similar to a wire transfer. Currently, you are set up to receive written warrants, a slower and less efficient method of payment.

The ACH system will:

- ✓ Increase the speed of receiving your payment
- ✓ Decrease the chance of a lost or stolen check
- ✓ Make payment easier through automation
- ✓ Link your department with all state departments for payment

These forms are available online at <http://www.tennessee.gov/tenncare/pro-ach.html> . Please complete the forms and be sure to attach a voided check (for checking accounts) or voided deposit slip (for savings accounts) and return to the address below so we may better serve you. The process will take approximately 30 days to enable your account to receive your first payment through ACH, once all the properly prepared forms have been received by our office.

Bureau of TennCare
Division of Budget/Finance, 4-East
c/o April Carter
310 Great Circle Road
Nashville, TN 37243
Fax (615) 532-3479

If there are any questions concerning this form, don't hesitate to call April Carter at (615) 507-6362.

Sincerely,
Bureau of TennCare

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 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.

Do you currently receive payments from the STATE through ACH? _____ *(Yes or No)*. If yes, do you intend for this account information to replace
our existing account information currently used by the STATE? _____ *(yes or no)*. If yes, please specify the 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: _____
Telephone No.: _____