STATE OF TENNESSEE
DEPARTMENT OF FINANCE & ADMINISTRATION
SUPPLIER DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS
(NOT WIRE TRANSFERS)

As a supplier to the state of Tennessee you are offered the security and convenience of having payments automatically deposited into your bank account. The Supplier Direct Deposit Authorization is required to process payments electronically. The information on this form is confidential and subject to verification by the state. The completed form must contain original signatures and be received by the state in a timely manner. Electronic signatures are not accepted.

SECTION 1: TYPE OF REQUEST

- Check the appropriate box.
  - New: Initial set up of supplier direct deposit.
  - Change Existing Account: Bank account information will not be changed unless the existing routing and account numbers currently on file with the state have been entered.

SECTION 2: ACCOUNT HOLDER INFORMATION

- The Name, Business Name, and Federal Employer Identification Number (FEIN) or Social Security Number (SSN) on the Supplier Direct Deposit Authorization form must match the W-9 submitted, or the information already on file with the state.
- Enter the address that should be associated with the account number identified in Section 3. For example, if the business has different locations, each with separate bank accounts, enter the address of the location to which this account applies. If the account is to be added to multiple addresses, list each address on an additional sheet.
- Enter the contact information of an authorized signatory on the account.

SECTION 3: AUTHORIZATION

- All fields in this section must be completed.

SECTION 4: FINANCIAL INSTITUTION VERIFICATION

- This section must be completed by the financial institution representative.

Mail the ORIGINAL form to the address below. Mark the outside of the envelope "CONFIDENTIAL".

State of Tennessee
Attn: Supplier Maintenance
21st Floor WRS Tennessee Tower
312 Rosa L Parks Ave
Nashville, TN 37243

Cancellation of Direct Deposit

To cancel direct deposit, mail a written request to the address above. The request must contain the payee's name, FEIN or SSN, routing and account numbers, that matches the information already on file with the state, and an original signature of an authorized signatory.

Should you have any questions or need assistance, contact Supplier Maintenance at 615-741-9745.

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Nashville, TN 37243

SECTION 1: TYPE OF REQUEST

☐ New
☐ Change Existing Account: Enter Existing Routing No: _____ Existing Account No: _____

SECTION 2: ACCOUNT HOLDER INFORMATION

Name (as shown on your income tax return): _____

Business Name, if different from above: _____

Federal Employer Identification Number (FEIN): _____ or Social Security Number (SSN): _____

Enter the address that should be associated with the account number::

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Telephone: _____

Enter the email address to which the remittance advices should be routed:

Email: _____

SECTION 3: AUTHORIZATION

Are payments deposited into this account subject to being transferred, in its entirety, to a financial institution outside of the United States? Yes ◯ No ◯

Account Type: Checking ◯ Savings ◯

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

I authorize my financial institution to verify any information provided on this form with the State of Tennessee. I also authorize the state to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error, to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

Authorized Signatory Printed Name: _____

Authorized Signature: _____ Date: _____

SECTION 4: FINANCIAL INSTITUTION VERIFICATION

I certify the account and routing numbers in Section 3 are for the above specified account holder and is signed by an authorized signatory on the account.

Representative Name: _____ Representative Signature: _____

Title of Representative: _____ Date: _____

Business Fax Number: _____ Business Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

TN Division of Health Care Finance & Administration

TennCare Provider Payment Information Form

Please fill this form out and send this along with your W-9 and ACH information that you send in to the State of Tennessee, Supplier Maintenance.

Name as shown on line 1 of IRS form W-9:

_____

Billing NPI: _____ (if applicable)

Medicaid ID: _____ (if applicable)

Billing contact name: _____

Phone #: _____

Contact e-mail:_____

For State use only:

Edison ID: _____

Billing location _____

Address sequence _____