



**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.

Have you ever received payments from the State through ACH? \_\_\_\_\_ (Yes or No). If yes, do you intend for this account information to replace existing account information currently on file with the State? \_\_\_\_\_ (Yes or No). If yes, please specify the existing 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

**A voided check OR a letter from your bank (stating ABA and ACCOUNT numbers and signed by a bank official) must accompany this form in order for the Department of Finance and Administration to complete processing. If possible, please return all documents electronically to expedite processing to: [patsy.nolan@tn.gov](mailto:patsy.nolan@tn.gov)**

**Otherwise mail or fax to:** Tennessee Student Assistance Corporation  
Attn: Patsy Nolan  
Suite 1510, Parkway Towers  
404 James Robertson Parkway  
Nashville, Tennessee 37243-0820  
**Phone 615-741-7574 Fax 615-253-8936**

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED WHEN PAYMENTS ARE PROCESSED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact name: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

<b>FOR STATE USE ONLY:</b> Contact Agency: <u>TSAC 332.05</u> Contact Person: <u>Patsy Nolan</u> Telephone No.: <u>615-741-7574</u>
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