



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE & ADMINISTRATION
EMAIL DEPOSIT NOTIFICATION FORM**

Return this form via email to:
F_A.Accounts@tn.gov

As a supplier to the state of Tennessee, you are offered the convenience of having remittance advices emailed to you one business day prior to the date of deposit of certain impending electronic direct deposits from the state. The email deposit notification will contain an attachment of your ACH remittance advice(s) and will be delivered from the email address F_A.Accounts@tn.gov. **Please add this email address to your address book or safe list.** The attachment will be in Portable Document Format (PDF) and will require Adobe Acrobat Reader for viewing. Viewing capability of your payments will still be available through the Edison Supplier Portal.

Complete Sections 1 through 3 below to elect to receive remittance advices via email. **All fields must be completed.**

SECTION 1: TYPE OF REQUEST

- Check the appropriate box.
 - New: Initial set up of email deposit notifications.
 - Change existing email address: Enter the email address the state currently has on file.

SECTION 2: SUPPLIER INFORMATION

- The Name, Business name, Federal Employer Identification Number (FEIN) or Social Security Number (SSN), Edison Supplier ID, Last four digits of the bank account, and Address entered on this form must match the information already on file with the state.

SECTION 3: AUTHORIZATION

- Print name, sign, and date the form.

Return this form via email to F_A.Accounts@tn.gov. A reply email will be sent to confirm processing of request. Should you have any questions or need assistance, contact Supplier Maintenance at 615-741-9745.

SECTION 1: TYPE OF REQUEST	
<input type="checkbox"/> New	
<input type="checkbox"/> Change: Enter existing email address:	<input type="text"/>
SECTION 2: SUPPLIER INFORMATION	
Name (as shown on your income tax return):	<input type="text"/>
Business name, if different from above:	<input type="text"/>
Federal Employer Identification Number (FEIN):	<input type="text"/> or Social Security Number (SSN): <input type="text"/>
Edison Supplier ID: <input type="text"/>	Last four digits of bank account: <input type="text"/>
Address: <input type="text"/>	
Enter the email address to which the remittance advices should be routed (enter only one email address):	
Email: <input type="text"/>	
Contact Name: <input type="text"/>	Contact Number: <input type="text"/>
SECTION 3: AUTHORIZATION	
I authorize the state of Tennessee to send an email deposit notification one business day prior to payments posting to my account. This authorization will remain in effect until the State receives an updated Email Deposit Notification form.	
Print Name: <input type="text"/>	
Signature: <input type="text"/>	Date: <input type="text"/>