

STATE OF TENNESSEE DEPARTMENT OF FINANCE & ADMINISTRATION DIVISION OF ACCOUNTS – SUPPLIER MAINTENANCE SDDA ACCESS FORM

Should you have any questions or need assistance, contact Supplier Maintenance at 615-741-9745 or FA.SupplierSupport@tn.gov.

Suppliers use this form to request access to the Supplier Direct Deposit Authorization (SDDA) form. The SDDA form is completed by suppliers to add, change, or remove bank account information on file with the State of Tennessee. <u>All fields on this form are required</u>. If nonapplicable, enter N/A. This form must be opened in Adobe Acrobat Reader or Adobe Acrobat for all fields to function properly. If you do not have the Adobe applications, you may print and complete the form by hand then scan the form to email the completed form to <u>FA.SupplierSupport@tn.gov</u>.

SECTION 1: SUPPLIER INFORMATION		
The information provided MUST match the supplier information on file with the State of Tennessee or your request may be delayed		
and require another form submitted.		
Full Name (as shown on your income tax return):		
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Doing Business As Name (if different from above):		
Provide either the nine-digit SSN (Social Security Number) <u>or</u> nine-digit EIN (Employer Identification Number) that is		
on file with the State of Tennesse (do not enter any dashes or spaces):		
Select the number provided above: SSN (Social Security Num	iber)	or EIN (Employer Identification Number)
Address:		
		7in.
City: State: State: Zip: Sip: Provide the name(s) of the state department/agency you are receiving payments from or expecting to receive payments from:		
Frovide the name(s) of the state department, agency you are receiving payments from or expecting to receive payments from.		
SECTION 2: REQUESTER'S INFORMATION — This person may be contacted for more information. For SSNs, the requester and supplier must be the same.		
Contact Name:		
Title if supplier is an entity:		
Title, if supplier is an entity:		
Phone Number:		
Empil Addross		
Email Address:		
SECTION 3: SIGNATURE – Complete 1. <u>or</u> 2. below. Do <u>not</u> comp	lete b	
1. Click the digital signature box below to digitally sign the		2. Print the form, hand sign below, then scan the
form. You will not be able to make changes to the form after your digital signature has been applied.		form and email it to FA.SupplierSupport@tn.gov .
arter your digital signature has been applied.		Print Name:
	or	
After digitally signing and saving the form, click the Submit	<u> </u>	Signature:
button below to email the form to FA.SupplierSupport@tn.gov.		
button below to cindin the form to introdeported thisgo.		Date:
For internal use only:		