



STATE OF TENNESSEE
BENEFITS ADMINISTRATION
 DEPARTMENT OF FINANCE AND ADMINISTRATION
 19TH FLOOR, WILLIAM R. SNODGRASS TENNESSEE TOWER
 312 ROSA L. PARKS AVENUE
 NASHVILLE, TENNESSEE 37243
 FAX (615) 741-8196

BENEFITS ADMINISTRATION USE ONLY:
 Effective Date: _____
 Customer ID: _____

AGENCY AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (ACH)

Agency Name: _____

Employer Identification Number (EIN): _____

I (we) hereby authorize the State of Tennessee, hereinafter called the State, to initiate debit and credit entries to my (our) Checking Savings Account (select one) indicated below, and the depository named below, hereinafter called the Depository, to debit the same to such account.

Depository Name: _____ Branch: _____

City: _____ State: _____ ZIP: _____

Transit/ABA No.: _____ Account No.: _____

This authority is to remain in full force and effect until the State and Depository have 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.

Name (s): _____

PLEASE PRINT

Date: _____

Signed: _____ Signed: _____

PLEASE ATTACH A VOIDED CHECK