



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.

All fields on this form are required. If nonapplicable, enter N/A in the field(s).

SECTION 1: SUPPLIER INFORMATION

The information provided in this section must match the supplier information on file with the State of Tennessee or your request will be delayed.

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

Business Name, if different from above: _____

Taxpayer Identification Number (TIN): _____

Select SSN (Social Security Number) or EIN (Employer Identification Number) for the TIN provided: SSN or EIN

Address: _____

City: _____ State: _____ Zip: _____

Provide the name(s) of the state department/agency you are receiving payments from or expecting to receive payments from:

SECTION 2: REQUESTER'S INFORMATION – For SSNs, the requester and supplier must be the same.

Name: _____

Title, if supplier is an entity: _____

Phone Number: _____

Email Address: _____

SECTION 3: SIGNATURE – Complete 1. or 2. below. Do not complete both.

1. Click the digital signature box below to digitally sign the form. **You will not be able to make changes to the form after your digital signature has been applied.**

After digitally signing and saving the form, click the **Submit** button below to email the form to FA.SupplierSupport@tn.gov.

or

2. Print the form, hand sign below, then scan the form and email it to FA.SupplierSupport@tn.gov.

Print Name: _____

Signature: _____

Date: _____

For internal use only: