TENNESSEE BOARD of REGENTS

Direct Deposit

ACH Payment Enrollment Authorization

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

inrough the Automated C	learing House Payment System.	
	Check one:Vendor	Check one:Direct Deposit for the first time
		Direct Deposit change
100	VENDO	R INFORMATION
SSN # or Taxpayer ID) #: (TIN)	
Name of Payee:		
Accounts Receivable Contact (if other than payee)		Telephone Number:
Electronic Remittance	Email:	Fax Number:
	BANKING/FINANO	CIAL INSTITUTION INFORMATION
Bank Name:		
Bank Address:		
)	
9 Digit Routing Number	er:	
Account Number:		
Type of Account: CHECKING SAVINGS		
institution designated aboapplicable to all payment	ove and to initiate, if necessary, debit entrests issued to the above-named payee by the ents receives written notification from me	uthorize the Tennessee Board of Regents to direct payments to the financial ries and adjustments for any credit entries in error. This authorization is e Tennessee Board of Regents under the designated TIN or SSN until the e/us of its termination in such time and manner as to afford all parties a
SIGNATURE:		DATE:
**Please attach a void	ed check if applicable and return to:	
		For TBR office use only
Email: payables.vendors@tbr.edu Fax-615-366-2213 Mail to:		Entered Date
Tennessee Board	of Regents	
Attn: Accounts Page 1 Bridgestone Pk,		Verified Initials Date

Nashville, TN 37214