

Grant Pre-Reimbursement Form



Please provide an answer for all questions, including N/A for Not Applicable.

There are two steps required to ensure your entity can receive grant funds from the State of Tennessee.

- Step 1: Set up your entity as a supplier using a W-9 (2018 or later, no digital signatures)
- Step 2: Set up your direct deposit information using the Supplier Direct Deposit form attached (If you are set up but have changed bank accounts or have moved you must complete form)

TDTD Program: _____

Organization/Entity _____ Name _____ :

Step 1:

Has your entity previously received funds from the state? Yes or No? _____

If yes, please provide your Edison Supplier/Vendor ID -or- FEIN #. _____

If no, please complete a W9 located [here](#) and return with this form to TDTD.

Step 2:

Last four digits of current bank account number: _____

Grantee mailing address on W-9:

Has the bank account above previously received state funds through ACH? Yes or No? _____

If yes, and no change to your account is necessary, no further information is required.

If no, or if you want to change account information, please complete the enclosed Supplier Direct Deposit Authorization form and return the original to the State of Tennessee's Supplier Maintenance using the instructions on the form. For new accounts, select "New" in Section 1 – Type of Request. For changes, select "Change Existing Account."

Please sign and date below and return to the Department of Tourist Development.

Signature _____

Date _____



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE & ADMINISTRATION
SUPPLIER DIRECT DEPOSIT AUTHORIZATION
(NOT WIRE TRANSFERS)**

**Mail the ORIGINAL form to the
address below. Mark the outside
of the envelope "CONFIDENTIAL".**
State of Tennessee
Attn: Supplier Maintenance
21st Floor WRS Tennessee Tower
312 Rosa L Parks Ave
Nashville, TN 37243

SECTION 1: TYPE OF REQUEST

New

Change Existing Account: Enter Existing Routing No:

Existing Account No:

SECTION 2: ACCOUNT HOLDER INFORMATION

Name (as shown on your income tax return):

Business Name, if different from above:

Federal Employer Identification Number (FEIN): or Social Security Number (SSN):

Enter the address that should be associated with the account number::

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Contact Name:

Telephone:

Enter the email address to which the remittance advices should be routed:

Email:

SECTION 3: AUTHORIZATION

Are payments deposited into this account subject to being transferred, in its entirety, to a financial institution outside of the United States? Yes No

Account Type: Checking Savings

Financial Institution Name:

Routing Number: Account Number:

I authorize my financial institution to verify any information provided on this form with the State of Tennessee. I also authorize the state to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error, to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

Authorized Signatory Printed Name:

Authorized Signature:

Date:

SECTION 4: FINANCIAL INSTITUTION VERIFICATION

I certify the account and routing numbers in Section 3 are for the above specified account holder and is signed by an authorized signatory on the account.

Representative Name:

Representative
Signature:

Title of Representative:

Date:

Business Fax Number:

Business Phone Number:

Mailing Address:

City:

State:

Zip Code:



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE & ADMINISTRATION
SUPPLIER DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS
(NOT WIRE TRANSFERS)**

As a supplier to the state of Tennessee you are offered the security and convenience of having payments automatically deposited into your bank account. The Supplier Direct Deposit Authorization is required to process payments electronically. The information on this form is confidential and subject to verification by the state. The completed form must contain original signatures and be received by the state in a timely manner. Electronic signatures are not accepted.

SECTION 1: TYPE OF REQUEST

- Check the appropriate box.
 - New: Initial set up of supplier direct deposit.
 - Change Existing Account: Bank account information will not be changed unless the existing routing and account numbers currently on file with the state have been entered.

SECTION 2: ACCOUNT HOLDER INFORMATION

- The Name, Business Name, and Federal Employer Identification Number (FEIN) or Social Security Number (SSN) on the Supplier Direct Deposit Authorization form must match the W-9 submitted, or the information already on file with the state.
- Enter the address that should be associated with the account number identified in Section 3. For example, if the business has different locations, each with separate bank accounts, enter the address of the location to which this account applies. If the account is to be added to multiple addresses, list each address on an additional sheet.
- Enter the contact information of an authorized signatory on the account.

SECTION 3: AUTHORIZATION

- All fields in this section must be completed.

SECTION 4: FINANCIAL INSTITUTION VERIFICATION

- This section must be completed by the financial institution representative.

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Cancellation of Direct Deposit

To cancel direct deposit, mail a written request to the address above. The request must contain the payee's name, FEIN or SSN, routing and account numbers, that matches the information already on file with the state, and an original signature of an authorized signatory.

Should you have any questions or need assistance, contact Supplier Maintenance at 615-741-9745.