**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. 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** FA.SupplierSupport@tn.gov.

## 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): _____

Doing Business As Name (if different from above): _____

Provide either the **nine-digit SSN** (Social Security Number) **or nine-digit EIN** (Employer Identification Number) that is on file with the State of Tennessee (do not enter any dashes or spaces): _____

Select the number provided above: ◯ SSN (Social Security Number) or ◯ EIN (Employer Identification Number)

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 – 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: _____

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.

**SUBMIT**

**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:*