



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE & ADMINISTRATION
EMAIL DEPOSIT NOTIFICATION FORM**

Return this form via email to:
F_A.Accounts@tn.gov

If you are not using a secure email delivery system, you may 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

As a supplier to the State of Tennessee, you are offered the convenience of having remittance advices emailed to you one business day prior to the date of deposit of certain impending electronic direct deposits from the state. The email deposit notification(s) will contain an attachment of your ACH remittance advice(s) and will be delivered from the email address F_A.Accounts@tn.gov. **Please add this email address to your address book or safe list.** The attachment will be in Portable Document Format (PDF) and will require Adobe Acrobat Reader for viewing. Viewing capability of your deposits will also be available through the Edison Supplier Portal.

Complete Sections 1 through 4 below. **All fields must be completed.** A reply email will be sent to confirm processing of request. Should you have any questions or need assistance, contact Supplier Maintenance at 615-741-9745.

SECTION 1: SUPPLIER INFORMATION – These fields are required and must match the information already on file with the State of Tennessee.

Supplier Name:

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

Edison Vendor/Supplier ID: Full Bank Account Number:

SECTION 2: TYPE OF REQUEST – Check only one box and complete the fields for that selection.

Add new email address. Enter the email address to which the remittance advices should be sent (enter only one email address that can be verified):

Change existing email address:
From:
To:

Cancel the email service for the existing email address:

SECTION 3: CONTACT INFORMATION – These fields are required. The Contact Name may be contacted for more information.

Contact Name: Contact Number:

SECTION 4: AUTHORIZATION – Print Name, sign, and date the form. Electronic/digital signatures will not be accepted.

I authorize the State of Tennessee to send an email deposit notification one business day prior to deposits posting to my account. This authorization will remain in effect until the State receives and processes an updated Email Deposit Notification Form.

Print Name:

Signature: _____ Date: