



Housing Choice Voucher Program  
**INSTRUCTIONS FOR  
SUPPLIER PAYMENT ACCOUNT  
CHANGES**

Dear Owner/Agent:

Thank you for your continued partnership with the Department of Housing and Urban Development (HUD) and Tennessee Housing Development Agency (THDA) to provide safe, sound and affordable housing to low-income Tennesseans.

If you are receiving direct deposit payments and wish to **change the bank account** to which the HAP deposits are made-**OR**-if you are receiving HAP via warrant (check) and are **required to change to receipt of payment via direct deposit**, please complete the following steps:

1. Keep this letter for your records
2. Complete and return the Supplier Information form to your local THDA field office.
3. Mail the Supplier Direct Deposit Authorization form, with original signatures, to the State's Department of Finance & Administration. The address is located in the top right corner of the form.
  - Sections 1 through 3 of this form **must** be completed, signed, and dated by an authorized account signatory. Section 4 of this form **must** be completed, signed, and dated by a representative of your financial institution. The completed Supplier Direct Deposit Authorization form, with **original** signatures, **must** be mailed directly to the State's Department of Finance & Administration.

Reminder: you can track your payments by registering on the State of TN's **Supplier Portal Home Page** at <http://www.tn.gov/generalservices/article/cpo-edison-supplier-portal>. Should you have any questions, or need assistance with the portal registration process, please contact Supplier Maintenance at (615) 532-5150 or [Supplier.Maintenance@tn.gov](mailto:Supplier.Maintenance@tn.gov). If you need assistance with accessing the Supplier Portal, please contact Edison at 615-741-HELP.

Please direct all other inquiries, including those regarding your Housing Assistance Payment to your **local THDA field office**. Again, THDA appreciates your participation and having you as our partner!

Andrew Jackson Building Third Floor - 502 Deaderick St. - Nashville, TN 37243  
[www.THDA.org](http://www.THDA.org) - (615) 815-2200 - Toll Free: 800-228-THDA



Housing Choice Voucher Program  
**SUPPLIER INFORMATION**

Dear Owner/Agent:

To avoid or minimize delays in your Housing Assistance Payment (HAP) deposit, please return this form and your W-9 to the local field office.

**Please note, the Direct Deposit Authorization form must be submitted to the Dept. of Finance & Administration ONLY.** THDA cannot forward this document on your behalf. Your HAP will not be deposited until the required documentation is received.

Please respond to each of the following questions:

Requested Information	Response
What is the name of owner/agent as shown on your W-9?	
What is the DBA name as shown on your W-9?	
What are the last four digits of new bank account number?	
What is the remittance advice address as shown on your W-9?	
Is this a new owner/agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a change of bank account, only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a change of remittance advice address, only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a change of bank account and remittance advice address, both?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Name of Participant:** \_\_\_\_\_  
**Participant's Unit Address:** \_\_\_\_\_  
 \_\_\_\_\_

Leaving any of the above fields blank may cause a delay in the payment process. Should you have any questions about this form, please contact your local field office.



**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

<b>SECTION 1: TYPE OF REQUEST</b>		
New		
Change Existing Account: Enter Existing Routing No:		Existing Account No:
<b>SECTION 2: ACCOUNT HOLDER INFORMATION</b>		
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:		
<b>SECTION 3: AUTHORIZATION</b>		
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:
<b>SECTION 4: FINANCIAL INSTITUTION VERIFICATION</b>		
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: <input type="text"/>	
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.

**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

**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.